RN

SEPTEMBER 1961

When they  ask you  about heart  disease, these facts on diet,  drugs,  smoking,  exercise  will help you  to give...

See page 58

RN contents

VOLUME 24 • NO. 9 • SEPTEMBER 1961

MORE ▶

 Published monthly at Oradell, N.J. Price 25 cents a copy; $2 a year; two years, $3 (Canada and foreign, $3 a year). Circulation 160,000 registered nurses. Publication office: 10 Ferry Street, Concord, N.H. Second-class postage paid at Concord, N.H. Please send changes of address to P.O. Box 279, Rutherford, N.J. Send subscription orders and all editorial and business correspondence to *RN*, Oradell, N.J.

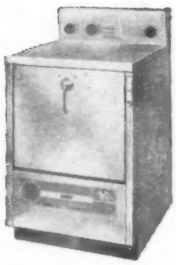
the American

UTENSIL WASHER-SANITIZER

Protects patients and personnel against cross contamination - - dependably and at less cost.

Prevention of cross contamination from patient utensils is accomplished rapidly, automatically and at reduced cost with the new American Utensil Washer-Sanitizer. The powerful detergent wash, double rinse and steaming cycles are completed in 22½ minutes . . . with no attention from nursing personnel other than loading and unloading. Three sets of utensils are processed in two loads.

The American Utensil Washer-Sanitizer is economical to install and pleasant for nursing personnel to use. It assures uniformly high standards of cleaning and sanitizing by eliminating the possibility of human error . . . and, its modest cost is more than justified by the saving in personnel time alone.



The American Utensil Washer-Sanitizer is available with clean-up counter or as the free-standing unit shown above.

For complete information on this improved utensil technique, write for bulletin SC-321-R.

AMERICAN STERILIZER
ERIE • PENNSYLVANIA

World's Largest Designer and Manufacturer of Sterilizers, Surgical Tables, Lights and related hospital equipment

. . . contents

DEPARTMENTS and SHORT FEATURES

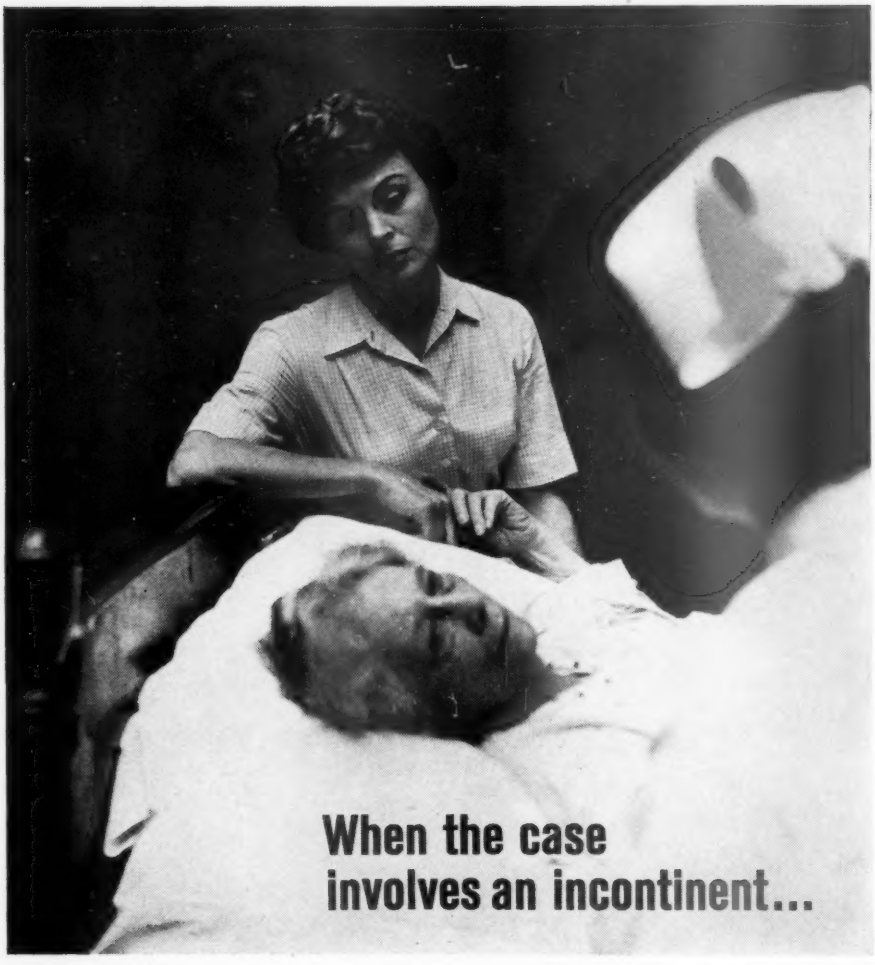
NEW CONCEPTS FOR MODERN PATIENT CARE

Pre-packaged Trays

PHARMASEAL LABORATORIES • GLENDALE, CALIFORNIA

® Trademark

RN



suggest to the family that these home nursing aids ... are available in drug departments everywhere.

CHUX® Disposable Underpads

Large and Extra Large. Facilitate management of fluid and fecal discharges while keeping bed linen clean and dry.

CHIX® Adult Cloth Diapers

Complete protection for both ambulatory and bedridden incontinents. Diapers are made of soft, absorbent, surgical-type gauze.

CHIX® Cleaners

Soft, disposable, fabric tissue. Used wet or dry as an ointment applicator, perineal cleaner or general wipe.

PROFESSIONAL PRODUCTS DIVISION, CHICOPEE MILLS, INC., 47 Worth Street, New York 13, N. Y.

Send for free folder "Helpful Hints For Home Nursing"

RN
literature and samples

SPRAY-ON WOUND DRESSING: A folder describes Scan, quickly applied to form a tough, transparent and flexible dressing for minor surgery, small abrasions and lacerations. Scan is particularly useful for scalp wounds and other hard-to-bandage areas. Johnson & Johnson. **J-1**

CLEAN HAIR WITHOUT WATER: When your patient can't leave bed for a morale-lifting shampoo, Minipoo is a handy substitute. Just apply, then brush out dirt, dust, excess oil. Useful also when *you* have a cold or don't have time to shampoo. Sample. Cosmetic Distributors. **J-2**

PEDICULOSIS: This worrisome problem is of greatest concern to public health and school nurses. Offered are a leaflet on Cuprex, and a pad of health report blanks which can be used by nurses to report pediculosis to a child's parents. Merck & Co., Inc. **J-3**

HAND PROTECTION OF TWO KINDS: Gamophen Skin Cleansing Leaves are bits of paper treated with Gamophen Surgical Soap and providing the antibacterial and deodorant properties of hexachlorophene. Dispos-A-Glove is a general purpose disposable glove of thin, high-strength polyethylene. Samples of both, with literature, are offered by Arwood. **J-4**

ADJUSTABLE SPEED FOR BABY FEEDING: Hygeia Nursers provide breast-shape nipples to simulate natural feeding. Rate of flow is also controlled; you just dial the feeding speed the baby needs. An illustrated folder describes these and other features. Ball Brothers Company. **J-5**

ANALGESIC: New Numorphan is described as "the analgesic that aids nursing care before, during, and after surgery." Details about Numorphan and its relation to nursing care of the surgical patient are included in a folder. Endo Laboratories. **J-6**

.....CIRCLE DESIRED ITEMS, CLIP COUPON, AND MAIL TO.....

RN READERS' SERVICE DEPT.
ORADELL, NEW JERSEY

September, 1961
coupon void after

Please send me information on the following items...

J—1 2 3 4 5 6

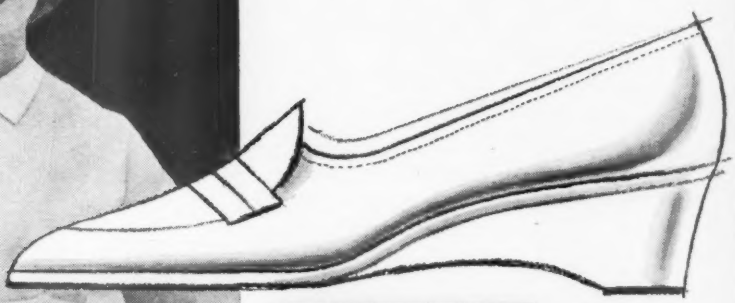
NAME_____ **R.N.**

STREET_____

CITY_____ **ZONE**_____ **STATE**_____

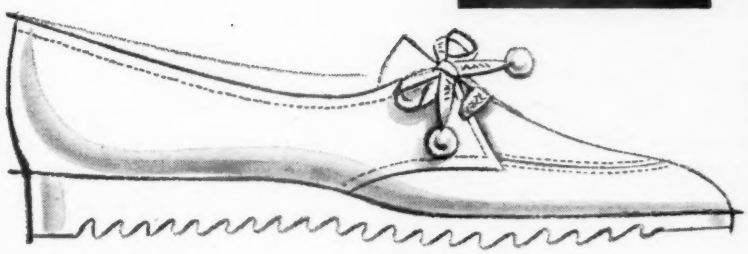
New wonder workers.....

two of the happiest-going companions imaginable for your eight nonstop hours. "Cloud 12" buoys your every busy step with its blissful heel-to-toe cushion of foamy Froth-Air. "Walkabout" springs you along effortlessly on its new slimmed-down Bantam-Rib *RIPPLE® Sole! Each is amazingly light and flexible, with the caress-soft fit and feel you love in all Red Cross Professional Shoes.



CLOUD 12

Red Cross
PROFESSIONAL
Shoes



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America's largest selection of modern professional shoes. Most styles 10.99 to 12.99.

Write for free style catalog.

For the management of
DYSMENORRHEA and PRE-MENSTRUAL TENSION

Anacin® exerts a *beneficial effect* in alleviating periodic pain and pre-menstrual tension. The rationale is quickly discernible. Unlike aspirin or buffered aspirin—Anacin contains acetophenetidin which not only affords prompt analegsia but also assuages nervous tension. Anacin provides mild sedation without barbiturates or narcotics and leaves the patient more relaxed. Tolerance is excellent.

Better than aspirin
or any buffered aspirin

WHITEHALL LABORATORIES, NEW YORK, N.Y.

RN letters

PSYCHOLOGIC NEEDS

DEAR EDITOR: . . . I often see your magazine through the courtesy of nurses in our hospital. You do a fine job of emphasizing to your profession the importance of meeting patients' psychologic needs. In this connection, some of your readers may be interested in the writings of Dr. Paul Tournier, a Swiss psychiatrist. His book "The Meaning of Persons" speaks particularly to those in the healing arts. An English translation is published by Harper & Brothers.

Bertha Phillips Rodger, M.D.
Ridgewood, N.J.

CURE FOR NURSING'S ILLS

DEAR EDITOR: In five states where I've worked I've heard the cry, "What's the matter with nursing?" I still hear it in a hospital that has a wonderful personnel policy and more R.N.s on each shift per patient than I've ever seen elsewhere.

What *is* the matter? It seems to me that nursing's deterioration has come from within. We need more professional pride, a better esprit de corps. We need nurse-administrators who respect the staff nurse. We need a way in which problems involving hospital policy can be discussed without bitterness.

Take the matter of punching a time clock—a regular practice in many hospitals. I consider this requirement an insult to our profession. But what's the alternative? We all know nurses who come late and leave early where there's no clock to punch.

Here's my solution: Require membership in the A.N.A. Hold monthly meetings in every hospital for each shift of R.N.s to attend. Work out the problems caused by the administration *and* by our own members.

Labor unions do this sort of thing. They're moving into the hospitals. Let's form A.N.A. locals, *not* union locals.

Gloria Radford, R.N.
Norfolk, Va.

DIPLOMA-SCHOOL SCHOOLING

DEAR EDITOR: I read your recent report on the N.L.N. convention with much interest. I agree that the three-year schools should be recognized as educational institutions and strengthened academically. . . . The graduates of these

schools are well qualified to assume professional duties.

Margaret L. Kleinkopf, R.N.
Honolulu, Hawaii

PLEA FOR FRANKNESS

DEAR EDITOR: Legally, private duty is a contract between nurse and patient (or the patient's agent). Yet some doctors presume to order the nurse off a case without consulting either the patient or his agent.

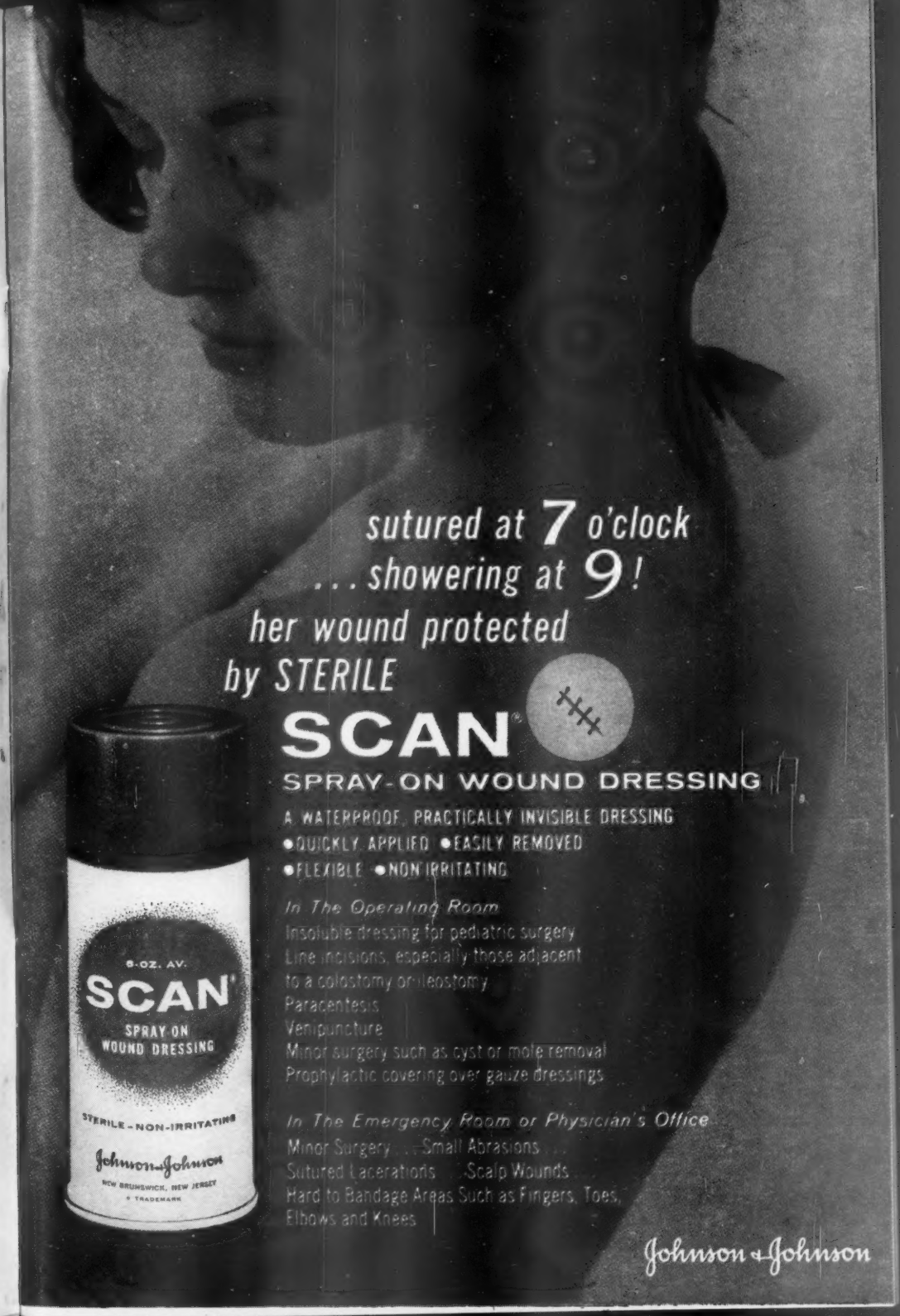
In many instances, the M.D. takes this action to guard the patient's bank account. But does he tell the nurse *this* is his reason? No! He makes the trite observation that continued special nursing would "rob the patient of his self-reliance."

If doctors would be frank with private duty nurses, they might be able to work out a constructive solution together. For example: Why not permit us to negotiate with county medical societies' grievance committees?

Marion C. Knippel, R.N.
Clearwater, Fla.

MEDICATION 'DON'TS'

DEAR EDITOR: Nurses have long been warned about pitfalls in readying medications. But emphasis is still needed on two points:


sutured at 7 o'clock
... showering at 9!
her wound protected
by STERILE
SCAN®
SPRAY-ON WOUND DRESSING
A WATERPROOF, PRACTICALLY INVISIBLE DRESSING
•QUICKLY APPLIED •EASILY REMOVED
•FLEXIBLE •NON-IRRITATING
In The Operating Room
Insoluble dressing for pediatric surgery
Line incisions, especially those adjacent
to a colostomy or ileostomy
Paracentesis
Venipuncture
Minor surgery such as cyst or mole removal
Prophylactic covering over gauze dressings
In The Emergency Room or Physician's Office
Minor Surgery . . . Small Abrasions
Sutured Lacerations . . . Scalp Wounds
Hard to Bandage Areas Such as Fingers, Toes,
Elbows and Knees
Johnson & Johnson
6-OZ. AV.
SCAN
SPRAY ON
WOUND DRESSING
STERILE - NON-IRRITATING
Johnson & Johnson
NEW BRUNSWICK, NEW JERSEY
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Now! 2 appetizing foods make serum cholesterol control easier, more effective than ever!
Mazola
PURE
CORN OIL
MAZOLA
MUST BE REFRIGERATED
RICH IN GOLDEN MAZOLA LIQUID CORN OIL
MAZOLA
MARGARINE
NET WT. 1 LB.

Your Patients Can Enjoy Fine Foods With Minimum Diet Changes!

For good eating while maintaining serum cholesterol control

Leading authorities agree that where reduction of serum cholesterol levels is indicated, fat intake should not exceed ⅓ of total calories and of this, at least ⅓ should be polyunsaturated fats.

Polyunsaturated fats, such as those found in corn oil, are rich in the linoleates which are important in reducing serum cholesterol levels. This has been proven time and again in nutritional studies of hypercholesterolemia. Mazola Margarine and Mazola Corn Oil have outstanding P/S (polyunsaturate to saturate) ratios. Thus the hypercholesterolemic patient can usually enjoy the same appetizing foods as the rest of the family.

Mazola Corn Oil is unexcelled in polyunsaturates and lowest in saturates of all leading brands of vegetable oils. Mazola's P/S ratio is far higher than that of any other leading food oil. Your patient will find Mazola Corn Oil ideally suited for salad dressings and frying; also for baking wherever *liquid* shortenings are called for in the recipe.

Mazola Margarine contains *liquid* Mazola Corn Oil as a major ingredient. This corn oil is not hydrogenated, thereby preserving its rich content of linoleates. Mazola Margarine contains 2 to 3 times as much natural linoleates as any other margarine readily available in grocery stores from coast to coast. Its taste, color and handling characteristics are unexcelled.

AVERAGE COMPOSITIONS OF MAZOLA® MARGARINE AND MAZOLA® CORN OIL

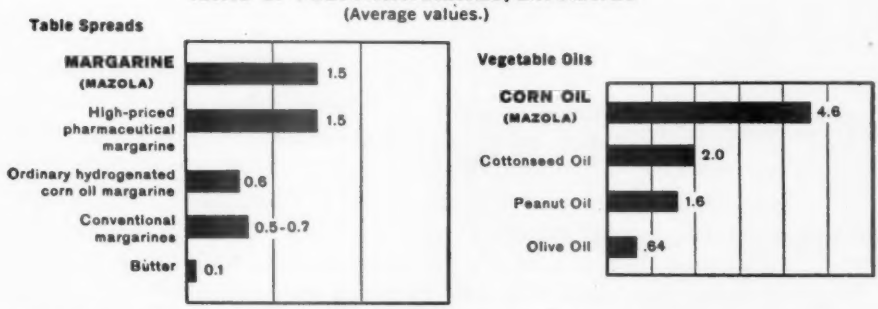
(All figures are in grams.)

	MAZOLA MARGARINE		MAZOLA CORN OIL	
	100 grams	2 oz. (4 tbsp.)	100 grams	1 fl. oz. (2 tbsp.)
Fatty Acids				
Polyunsaturated	21	12	51	14
Monounsaturated	40	23	32	9
Saturated	14	8	11	3
Natural Sitosterols	0.5	0.3	1	0.3
Natural Tocopherols	0.08	0.045	0.08	0.020
Cholesterol	none	none	none	none
Sodium	0.9	0.5	none	none

MAZOLA MARGARINE – 410 Calories/2 oz.; Iodine Value – 96
MAZOLA CORN OIL – 250 Calories/fl. oz.; Iodine Value – 124

RATIO OF POLYUNSATURATES/SATURATES

(Average values.)



CORN PRODUCTS COMPANY 10 East 56th Street, New York 22, N.Y.

...letters

Don't give a medicine that another nurse has prepared. Don't ask another nurse to give one you've prepared.

Jean O. Carr, R.N.
Charlotte, N.C.

OUTMODED PREP TRAYS

DEAR EDITOR: Many hospitals that provide disposable supplies (they're a joy to use!) still have the same old-fashioned prep tray.

Its items invariably include a razor that's so dull no man would dare to shave with it . . . Why not a modern electric shaver plus a *good* safety razor? (Both are needed to do an efficient job.)

The tray should also include shaving cream, a pair of barber shears, and a basin large enough to hold plenty of hot water.

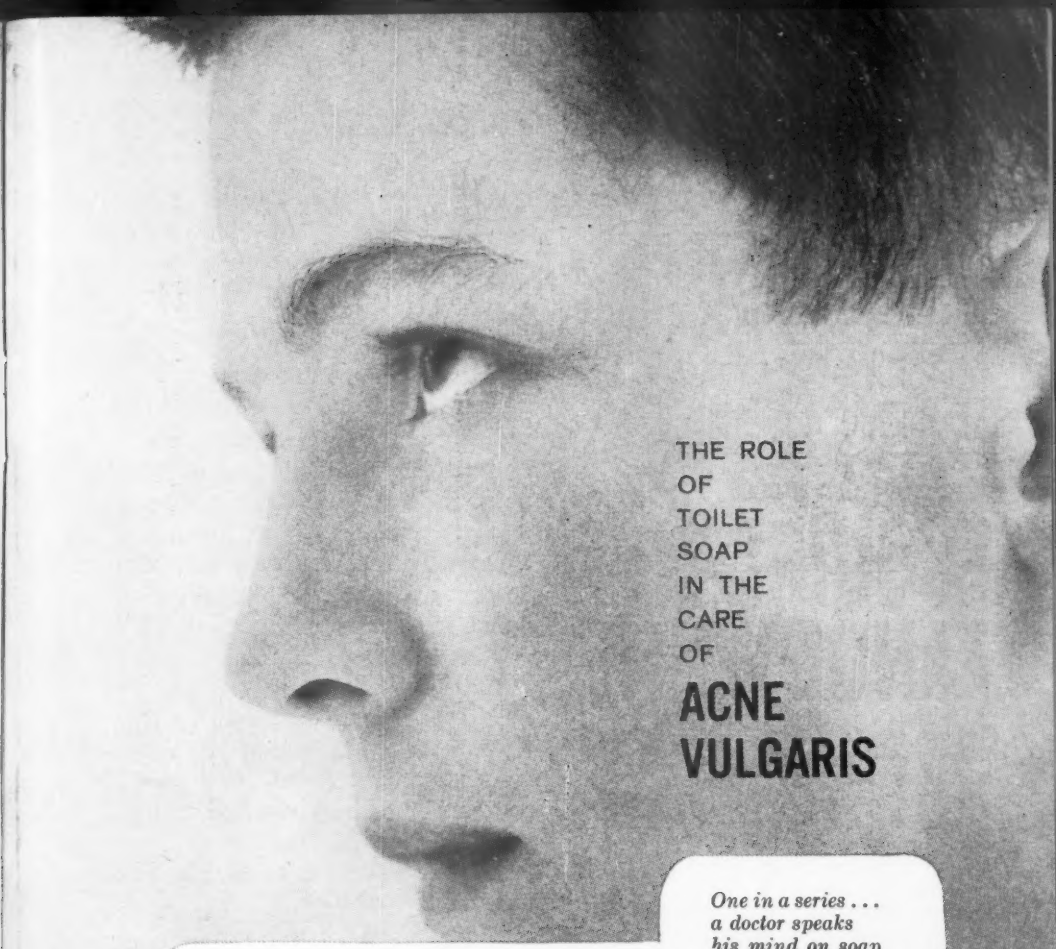
Virginia Lange, R.N.
Garden Grove, Calif.

PREVENTING O.R. MIX-UPS

DEAR EDITOR: I wonder if the floor nurse realizes what an important role she plays in obtaining legal permissions for surgery and in providing for proper identification of surgical patients?

If she does this work carelessly, she causes last-minute confusion in the O.R. due to (1) chart mix-ups and incomplete charts, (2) permission sheets signed by persons not legally qualified to sign, and (3) missing identification bands or bands with misspelled names.

True, the O.R. checks on these



THE ROLE
OF
TOILET
SOAP
IN THE
CARE
OF

ACNE VULGARIS

One in a series . . .
a doctor speaks
his mind on soap

"Local therapy should correct the seborrhea and local infection . . . The skin should be moistened and massaged with a mild soap two or three times a day."

DOWNING, JOHN GODWIN: Medical Clinics of North America, Vol. 39, No. 5, p. 1254 (September) 1955

When a bland soap is indicated, here are some facts from Procter & Gamble that may be helpful: Ivory Soap helps prevent follicular clogging of skin disturbed by seborrhea. In making this mild, pure soap . . . every possible precaution is taken to eliminate ingredients that might disturb skin. As a nurse, you'll be interested in knowing that more hospitals choose Ivory . . . more doctors advise Ivory than any other skin soap! *99⁴⁴/₁₀₀% pure®. . . it floats*

IVORY
99⁴⁴/₁₀₀% PURE • IT FLOATS

...letters

things; but it's important to prevent mistakes from getting as far as the O.R.

Janet Oathout, R.N.
Albany, N.Y.

SCHOOL-NURSE SCHOOLS?

DEAR EDITOR: In view of the increasing demand for school nurses, I think special training should be available to R.N.s who are interested in this branch of nursing. When I entered the field several years ago, I felt wholly unprepared.

Katherine Lockhart, R.N.
Texico, N.M.

FAN MAIL

DEAR EDITOR: *RN* is the best professional nursing magazine that I've ever seen. . . .

Barbara S. Gilbert, R.N.
Bristol, Tenn.

DEAR EDITOR: . . . Year after year *RN* has become increasingly interesting.

Betty H. Bailey, R.N.
Akron, Ohio

DEAR EDITOR: I read your magazine from cover to cover . . . The articles are short, understandable, and to the point.

Barbara J. Sabre, R.N.
Bridgeport, Conn.

DEAR EDITOR: . . . In my opinion *RN* is tops. Keep up the good work!

Eleanor J. Hemingway, R.N.
Bonanza, Utah

Nurses who work with teenagers know

the danger in waiting to 'outgrow' pimples!

These nurses see first hand how pimples undermine a youngster's poise and self-confidence . . . which psychologists agree can cause *permanent* damage to personality. And nurses know that neglecting pimples can result in *permanent* scars.

Fortunately today, there is a scientific medication developed *especially* for pimples. It's called CLEARASIL . . . and it provides these three medical actions which Skin Specialists agree are vital for truly effective external treatment.

HOW CLEARASIL WORKS

1. ***Opens Pimples.*** 'Keratolytic' action gently peels away and opens the affected pimple cap. Lets pimple drain, without dangerous squeezing.

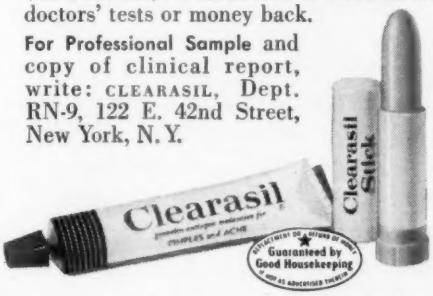
2. ***Cleans out Pimples.*** Now antiseptic medication can penetrate to any lower infection, relieve inflammation. Encourages the growth of smooth, healthy skin.

3. ***Dries up Pimples.*** Oil absorbing action works to dry up pimples fast . . . remove excess oil that can clog pores and cause pimples.

Skin-colored to hide pimples while it works. CLEARASIL instantly relieves the embarrassment of pimples and blackheads, as it works to clear them. May be used day and night for uninterrupted medication.

Recommend CLEARASIL with confidence. In skin specialists' tests on over 300 patients, 9 out of 10 cases of pimples were cleared up or definitely improved while using CLEARASIL. CLEARASIL also softens and loosens blackheads so they float out with normal washing. New Stick, 98¢. Tube, 69¢ and 98¢. Lotion squeeze bottle, $1.25 (no Fed. tax). Guaranteed to work as in doctors' tests or money back.

For Professional Sample and copy of clinical report, write: CLEARASIL, Dept. RN-9, 122 E. 42nd Street, New York, N. Y.



Largest-selling because it really works

Now! Ice-Pak any injury.. in just 2 seconds!

New KWIK-KOLD Instant Ice-Pak Gives Cold That Lasts Up to ½ Hour! Helps Minimize Injury, Speed Recovery.

The value of prompt application of cold is well known in treatment of injuries and minor bleeding. All too often, however, compresses are not readily available at the time of accident, or critical moments are lost in preparing an ice pack.

New KWIK-KOLD Instant Ice-Pak gives you instant cold for any injury *when you need it.* Simply squeeze the plastic bag. KWIK-KOLD produces cold in just 2 seconds! And it *stays cold* up to ½ hour.

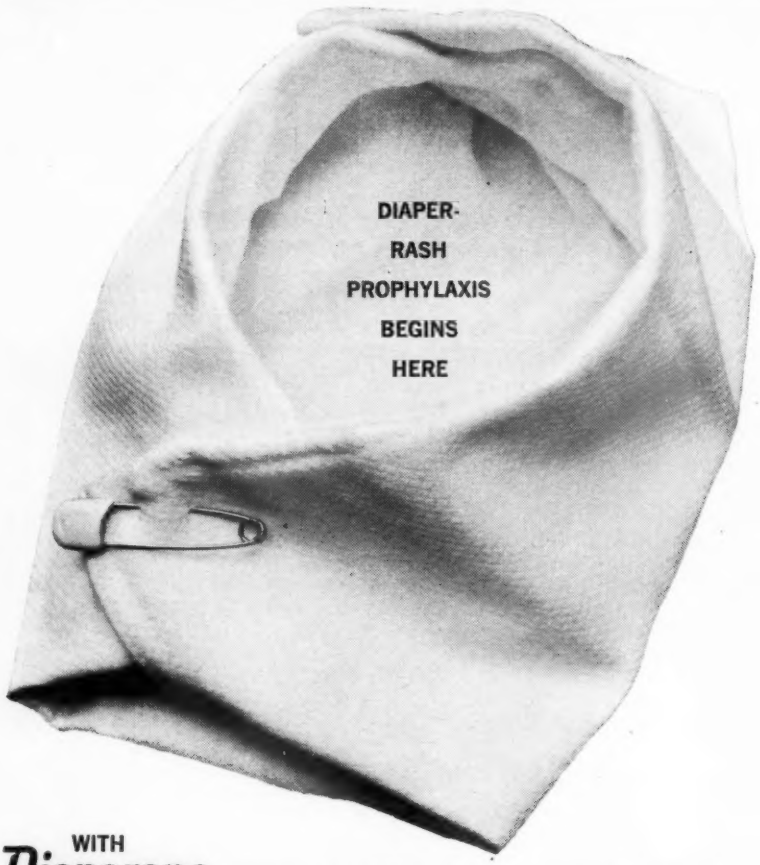
KWIK-KOLD is quick and easy to apply. Flexible plastic bag conforms readily to body contours. It is non-toxic, even if the bag is punctured. Keeps for extended periods of time.

You will find many practical uses for KWIK-KOLD in the office, in your car, in ambulances and for out-patient use. Get KWIK-KOLD from your medical supply house or write International Latex Corporation, 350 Fifth Avenue, New York 1, N.Y.

KWIK-KOLD can be stored at any temperature, always ready for immediate use. Tough yet flexible plastic bag contains dry Cold-Crystals and an inner pouch of special fluid. When you squeeze bag, fluid is released to activate crystals and give *instant cold.* Apply as you would an ice pack. Bag conforms smoothly to body contours, is not lumpy, messy, or drippy. Dispose of bag after use.

KWIK-KOLD is recommended for treating these and other injuries:

- *Sprains*
- *Swelling*
- *Bruises*
- *Minor Bleeding*
- *Fractures*
- *Abrasions*
- *Contusions*
- *Burns*
- *Headache, Fever*
- *Nosebleed*
- *Sunstroke*
- *Insect, Snake Bite*



WITH **Diaparene**® **BABY PRODUCTS for simple, complete skin care**

Diaper rash can best be prevented by eliminating its cause—ammonia produced by urea-splitting bacteria. Diaparene Baby Products inhibit these bacteria in the diaper and on the skin.

Diaparene Anti-bacterial Tod'l®, the soapless, sudsing skin cleanser, washes faster and better than ordinary soap, inhibits the bacteria present on the skin. And Diaparene Antiseptic Rinse destroys these organisms in the diaper. The mother can use the rinse at home or get Diaparene-impregnated diapers from a franchised diaper service. Diaparene Baby Powder or Baby Lotion provide added antibacterial protection against diaper rash, prickly heat, and chafing.

For diaper-rash therapy... the Diaparene Therapeutic Regimen—Diaparene Anti-bacterial Ointment and Diaparene Antiseptic Rinse—will clear the rash rapidly and effectively.

BREON Diaparene Products Division, Breon Laboratories Inc., New York 18, N. Y.
Subsidiary of Sterling Drug Inc.

RN news

Lung inflation urged with closed-chest massage

Mouth-to-mouth breathing *plus* closed-chest massage is the preferred method in reviving a victim of cardiac arrest. Massage alone doesn't provide all the ventilation needed to prevent serious damage to the central nervous system.

So say doctors who demonstrated the combined techniques* at the recent A.M.A. convention. They add:

¶ If you're alone with the victim, interrupt massage every thirty seconds and ventilate his lungs two or three times. (The two techniques need not follow the same rhythm.)

¶ If you have help, tell your helper to hold the victim's nose closed and to breathe into his mouth twelve to fourteen times a minute. Then begin massage immediately.

¶ Continue both techniques while the victim is en route to the hospital.

The combined measures have reportedly proved successful in 61 per cent of more than 100 cases of cardiac arrest.

A new 16-mm. sound film, "External Cardiac Massage," shown at the demonstration, is now available to M.D., R.N., and hospital groups. Free showings may be arranged by writing to the Smith Kline & French Laboratories, 1500 Spring Garden Street, Philadelphia 1, Pa.

* See "The Nurse's Guide to Rescue Breathing," *RN*, August, 1960, and "Closed-Chest Massage Used to Restore Heartbeat," *RN*, October, 1960.

Doctors tell colleagues to respect nurses' autonomy

"Nurses don't want to be told how to run their affairs any more than we doctors want them to tell us how to run ours." So said Arthur A. Kirchner, M.D., of Los Angeles, Calif., speaking against a resolution offered by the Florida State Medical Society to the recent A.M.A. convention. Added E. S. Faison, M.D., of Charlotte, N.C.: "Nurses are a separate and entirely different profession. They don't want doctors on their boards."

The resolution had suggested among other things that "the medical profession participate on a greater continuing basis in the for-

...news

mation of nursing policy and in the administration of nursing schools." After Drs. Kirchner and Faison spoke, the reference committee recommended that the resolution not be approved by the A.M.A. House of Delegates.

Both doctors are members of the A.M.A.'s Committee for Liaison with Professional Nursing Organizations.

Nurse-shortage solution: 'Hospnicians' coming up?

A new class of technicians "similar to . . . the medical corpsman in the armed forces" is needed in the hospitals, says Dr. Henry S. M. Uhl of Albany Medical College. He believes that "bright young men interested in medical work . . . could be trained in less than a year" for this role.

Their function, as he sees it, would be to relieve internes and residents of such routine chores as venipunctures, transfusions, and ECGs. Why not have R.N.s take over these duties? "The ranks of nurses are awfully thin," he says.

Self-examination spreads breast cancer, he warns

Once a breast cancer has been diagnosed, the patient should be warned not to attempt self-examination while she's awaiting surgery says Dr. James J. Berens of Phoenix, Ariz., writing in the Archives of Surgery.

Any manipulation of a malig-

IN PHYSIOLOGIC STRESS

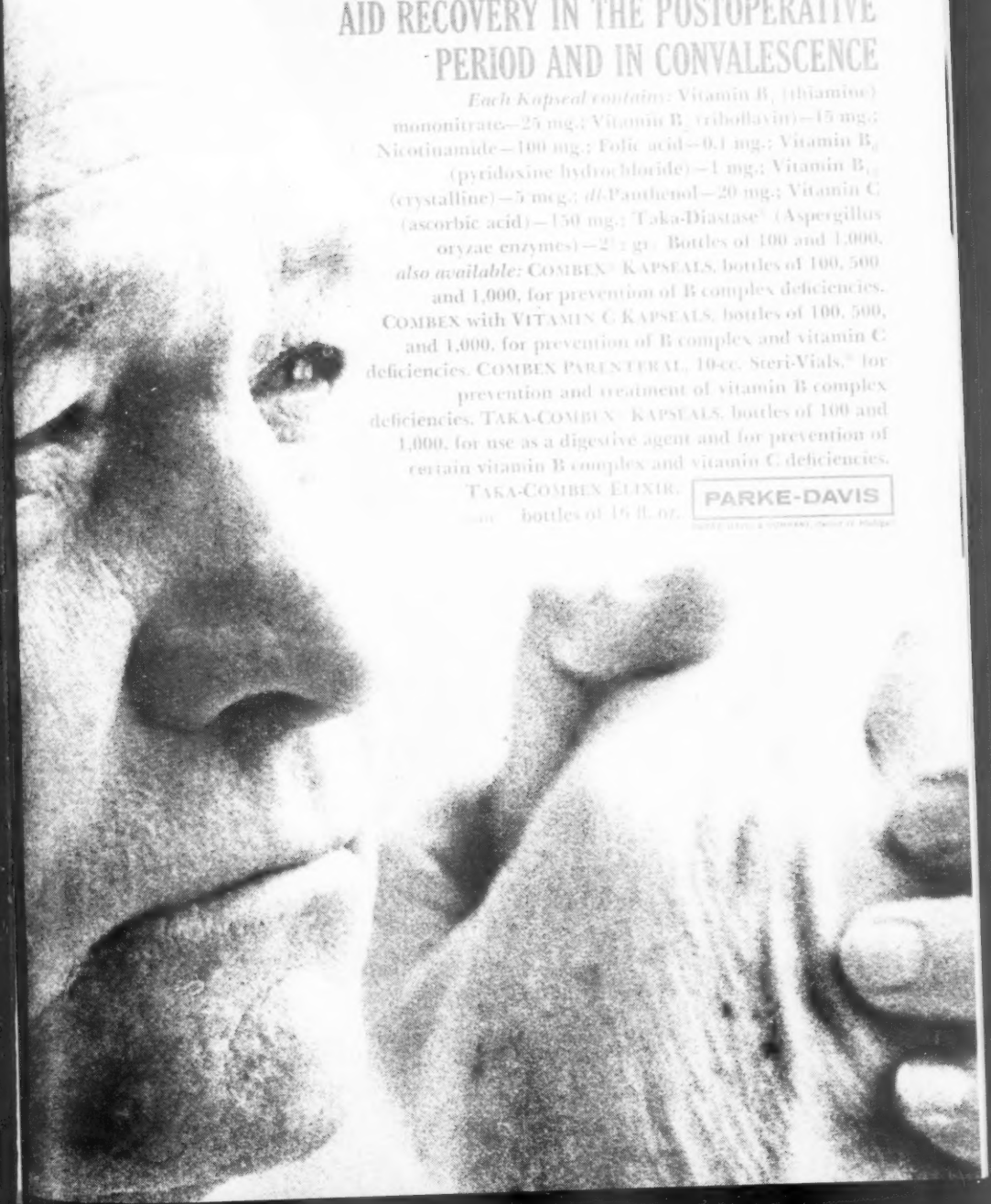
WHEN B COMPLEX OR VITAMIN C DEFICIENCIES EXIST

THERA-COMBEX® KAPSEALS

AID RECOVERY IN THE POSTOPERATIVE PERIOD AND IN CONVALESCENCE

Each Kapseal contains: Vitamin B_1 (thiamine) mononitrate—25 mg.; Vitamin B_2 (riboflavin)—15 mg.; Nicotinamide—100 mg.; Folic acid—0.1 mg.; Vitamin B_6 (pyridoxine hydrochloride)—1 mg.; Vitamin B_{12} (crystalline)—5 mcg.; *dl*-Panthenol—20 mg.; Vitamin C (ascorbic acid)—150 mg.; Taka-Diastase® (Aspergillus oryzae enzymes)—2½ gr. Bottles of 100 and 1,000. *also available:* COMBEX® KAPSEALS, bottles of 100, 500 and 1,000, for prevention of B complex deficiencies. COMBEX with VITAMIN C KAPSEALS, bottles of 100, 500, and 1,000, for prevention of B complex and vitamin C deficiencies. COMBEX PARENTERAL, 10-cc. Steri-Vials,® for prevention and treatment of vitamin B complex deficiencies. TAKA-COMBEX® KAPSEALS, bottles of 100 and 1,000, for use as a digestive agent and for prevention of certain vitamin B complex and vitamin C deficiencies. TAKA-COMBEX ELIXIR, [illegible] bottles of 16 fl. oz.

PARKE-DAVIS



nant tumor, he says, can cause a shower of cancer cells to enter the blood stream. He cautions O.R. nurses to avoid "coarse or rough scrubbing" in prepping the operative site in cancer cases. He recommends extremely gentle skin preparation, supervised by the surgeon.

Surprising statistics on men, women, babies

"I'm allergic to statistics, but I sure found some surprising ones here," says a New Jersey R.N., referring to the Government's latest summary of "Health and Vital Statistics for the United States." The publication reveals, among other things, that:

¶ In the twenty-five-year span, 1935-59, the infant death rate dropped 53 per cent, the maternal death rate 94 per cent.

¶ During the same period, the yearly divorce total climbed 82 per cent, hitting a peak in 1945 when 485,000 couples were divorced.

¶ Based on 1958 figures (the latest available), one baby in twenty is born out of wedlock.

¶ In the fourteen-year span, 1945-58, the stillbirth rate dropped 31 per cent.

¶ Based on averages for the

...news

U.S. white population, a 40-year-old man can now expect to live 31.5 years more; a 40-year-old woman, 36.7 years more.

Stair-climbing may benefit elderly, M.D. suggests

That crick in Grandfather's back may mean that significant changes are taking place in the old gentleman's spine, says Dr. Joseph T. Freeman, Philadelphia gerontologist. Such changes, he adds, may call for more, not less, exercise.

Speaking at a recent A.M.A. panel session, Dr. Freeman urged his colleagues to consider the possible benefits of stair-climbing. It's an ideal way of maintaining muscle tone, of coordinating vision with muscle and bone action, and of "instituting strains that contribute to sound bone structure," he contends.

But, he admits, his suggestions "may be as controversial as early ambulation was in 1935."

Study shows how to reduce post-op complications

Intermittent positive-pressure breathing can substantially reduce pulmonary atelectasis and pneumonitis in patients undergoing thoracic and abdominal surgery, says a study team at Harlan Memorial Hospital, Harlan, Ky., in a report to the A.M.A.

The team recommends that the treatment be given, in conjunction with Isoprel by nebulizer, at a

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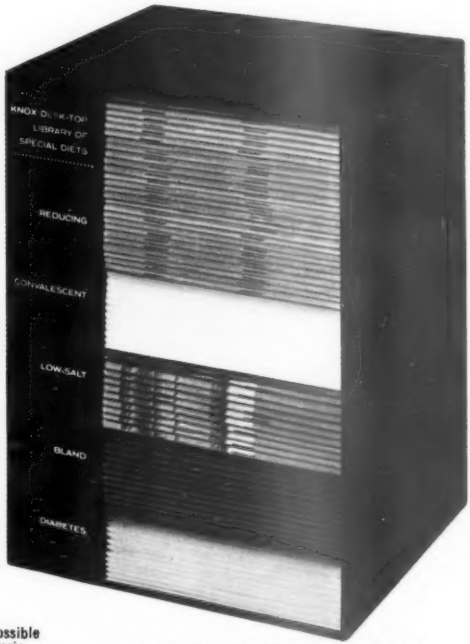

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pressure of 20 cms. of water for a fifteen-minute period three or four times daily, beginning the day before surgery and continuing for five days. It also recommends the treatment for surgical patients with emphysema, asthma, and chronic bronchitis.

capsules

Limit the use of **steroid therapy** in children to diseases that kill, cripple, destroy vital organs, or are chronically stubborn, urges Dr. Thomas A. Good of the University of Maryland. . . .

Here's how **night nurses** can reduce the risk of being attacked while going to and from work, say Chicago police: Travel in groups. When parking a car, close the windows and lock the doors. When entering a car that has been parked, look inside first (check the back seat and floor, in particular). Never carry valuables or a large sum of money with you. . . .

In pregnant women, tetracycline and other antibiotic agents can **cross the placental barrier** and affect the fetus, possibly adversely, warns New York University's Dr. Sidney Q. Cohlan. He also says that sulfa drugs may cause kernicterus and death in preemies when given to a mother close to term. END

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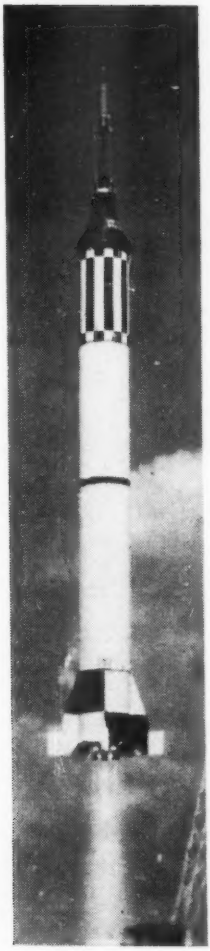


R.N.s to the astronauts: pioneers of space nursing

By Frances Elder, R.N.

For Lieuts. Dolores O'Hara and Shirley Sineath, U.S.A.F., the first suborbital flights by two of the seven astronauts who are their patients was an exciting beginning. Now they're preparing for the momentous first orbital trip around the earth.

In a few years, the moon? After that: nurses themselves serving at lunar infirmaries and in space stations? Who knows? Fifty years ago no one would have dreamed there would some day be flight nurses. Ten years ago, space nurses were undreamed of. Now the "wild blue yonder" and its challenges seem unlimited.

During the TV showings of the first two launches, you probably saw Lieutenant O'Hara standing by in her trim duty uniform. And you may have wondered: Why are nurses needed in a space project? How does space nursing differ

THESE SURGICAL INSTRUMENTS, *selected by First Lieut. Shirley Sineath, will be sterilized before they're sealed in a pack and added to the emergency kits she prepares for stations on the Cape Canaveral range. Kits like these will probably be used in the first manned orbital flight.*

from the other types of nursing?

These are the questions I asked Lieutenants O'Hara and Sineath when I visited them at Patrick Air Force Base near Cape Canaveral. Both were quick to play down the glamour angle of their jobs.

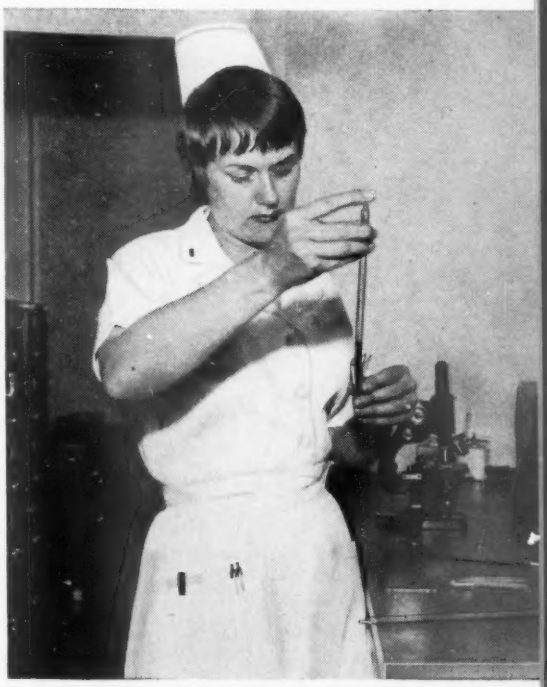
"We work in a more exotic environment than some nurses," said Dolores O'Hara, a tall girl with a ready smile, "but basically we do what all R.N.s do: help doctors with their professional tasks. The doctors we work with happen to be space surgeons."

Shirley Sineath, who has the calm manner of a good surgical nurse, agreed. "The other day," she said, "a nurse asked me how she could get an 'easy' position like mine. I set her straight in short order!"

Said Dolores: "We have our boss, Col. George M. Knauf, to thank for being a part of Project Mercury. He tapped us for these jobs while we were working at the base hospital."

"He believes R.N.s are important members of the medical team," said Shirley. "He boosts our profession whenever he can."

Later that week I saw for myself the scope of both nurses' work. First, Shirley Sineath took me through her work area at Patrick, where she sets up portable hospital kits for emergency care of the astronauts. Medical equipment of all kinds was stocked in two high-domed



A PLASMA SPECIMEN *from one of the astronauts is carefully measured by First Lieut. Dolores O'Hara in her lab at the Cape Canaveral medical center. She does preliminary work on many specimens here.*

rooms. She and a technician direct the sorting, sterilizing, and packing of the proper items into cartons. Several of these, strapped together, make up a 1,933-pound hospital kit.

During the two suborbital flights, kits of this type were aboard ships that cruised the Atlantic under the rockets' flight paths. One kit was available at the Cape's forward medical station and another at Grand Bahama Island, the end of the line.

Stacked high about us were supplementary kits for use by almost any kind of medical specialist. On the day of a flight, these go aboard a jet plane. Several specialists stand by, ready to take off if needed.

Shirley showed me the contents of an emergency kit like those available during countdown at the gantry, in the cherry picker (the crane that can pluck the astronaut from his capsule in the final minutes), and at the forward medical station. It contained sheets for covering burns, I.V. fluids, etc.

I was surprised at the work

Junior visits Mom—via TV

This patient's favorite "program" features her 5-year-old son: As he phones her from an anteroom off the main lobby of Mercy Hospital in Miami, Fla., a television camera relays his image to her bedside set over a closed-circuit hookup. Thus, hospital rules that forbid child visitors are happily circumvented.

As presently installed, the hookup permits one-way viewing only; but with added equipment, it can be expanded so that the child can see, as well as talk with, his parent.

To use the hookup, the child must be accompanied by an adult, await his scheduled turn, and limit his "visit" to such time as the anteroom attendant specifies. END

that's needed to prepare and maintain this one phase of Project Mercury. "How did you decide what should go into these kits?" I asked.

"It was like solving a jigsaw puzzle," Shirley said, smiling. "Nothing exactly like this had been done before. Fortunately, my flight nurses' course gave me a good surgical background. And, of course, we asked the doctors for advice. You can imagine how pleased I was when sixty-nine specialists approved the set-ups, with no additions."

Now that procedures are written and equipment lists made up, it's easier to plan and assemble new kits, she added. That's what she'll be doing in the months ahead. For the manned orbital flight, more kits will be needed on ships that patrol the flight path. A new unit will be set up on Grand Turk Island, near which the first orbiting astronaut is expected to land.

"What do you do during a launching?" I asked.

"Serve as surgical nurse at

the forward medical station on the tip of the Cape," she said. "The staff includes Dee O'Hara, two surgeons, and an anesthesiologist. We stand by in case the rocket malfunctions."

"If it did, what would happen?"

"The escape rocket attached to the capsule would hurtle the astronaut away from fiery disaster with body-punishing acceleration. Then a chute would open and drop the capsule into the ocean—or, perhaps, onto the ground. Colonel Knauf, who's director of the project's medical operation, tells us that the astronaut might suffer severe chest injuries. Hence, several anesthesiologists are on duty at various posts during the launch. They could establish an airway quickly."

I asked to see the forward medical station. So Shirley drove me through Cape Canaveral and across flat and palmetto-studded land to the building. She pointed out a helicopter landing area beside it. On launch day, she explained, four helicopters stand by. If the astronaut had to use his escape rocket, the helicopters would rush a flight surgeon, a medical technician, and a capsule engineer and his helper to the capsule to rescue the astronaut and bring him to the medical station.

The air-conditioned building reminded me of a ship's hospital. It contained a scrub room with supplies, O.R., recovery room, and a nurse's station. A communication center was located separately.

Now it was time to meet with Dee O'Hara. As we had coffee at one of the Cape's cafeterias, she told me that she coordinates all activities, under Colonel Knauf's direction, at the astronauts' eight-room medical facility. (She helped set it up last year.) She also does specimen preparation and similar tasks in her own lab.

"Each astronaut," she explained, "is a subject for medical research. From the first flights—and, later, from orbital flights—we hope to learn what effects the space environment has on man. Before a flight, we give the astronaut extensive physical and mental tests. These are repeated during the postflight debriefing. Thus we have comparative figures for study."

Similar tests, she said, are given when an astronaut goes through simulated space flights. For instance, blood and urine samples are taken before and after a period in the high-altitude chamber. The samples are analyzed to see if metabolism has been affected, and how.

Besides helping the doctors measure such effects, Dee prepares blood and urine specimens in a special way for analysis. She's so skillful with the needle that the multipunctured astronauts won't let anyone but her take blood samples.

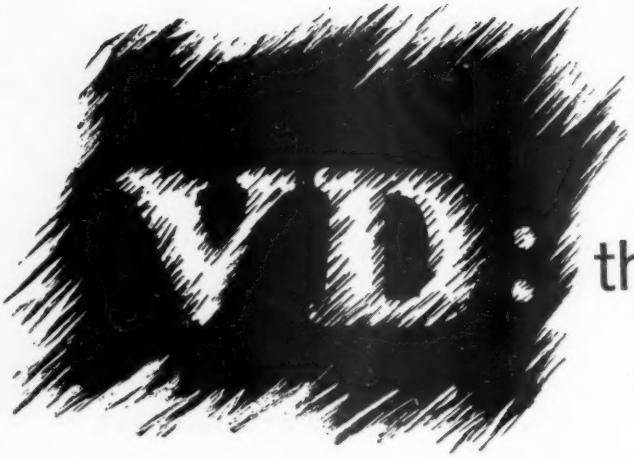
There's a pleasant relationship between this nurse and the astronauts. "I like my patients," she told me. "Even though they're in the public spotlight now, they're still down-to-earth people." The astronauts, in turn, like Dee O'Hara. Several have said that her friendliness and quick wit help ease the tensions that build up.

"Can you give me a rundown," I asked, "on what you do during a launch?"

"Let's take the first launch as an example," said Dee. "The day before the launch, I helped Dr. William Douglas, our flight surgeon, give physicals to Comdr. Alan Shepard and Col. John Glenn, his back-up. Dr. Douglas checked everything; but he was especially concerned with eyes, heart, lungs, and reflexes. (Even a slight cold can impair an astronaut's efficiency.) I prepared baseline specimens of blood and urine. After this came written psychologic tests, premission briefings, and lunch.

"Both men followed a low-residue, high-protein diet during the three days before the flight. This reduces intestinal bulk (there are no sanitary facilities in the capsule) without reducing mental alertness. Foods the men eat are readily digested and absorbed. The following is what Commander Shepard had for breakfast on launch day: orange juice, broiled filet mignon,

Continued on page 104



the scourge

What happened to the bright hope that penicillin would wipe out VD? What can you do to help reverse the rising curve? Here are some up-to-the-minute answers

By Edith S. Oshin

Ten years ago the venereal disease curve was going down so fast that many public health experts figured VD was on its way to falling off the charts. Then the late Fifties arrived. The totals for syphilis and gonorrhea started climbing. By the first of this year, primary and secondary syphilis had reached a ten-year high. So had gonorrhea. The figure for syphilis in all stages was still low, but it had increased for the second straight year (see charts, pp. 49-51).

Public health people readily admit that VD statistics are tricky. Since they represent reported cases only, they may shoot up because of better case-finding, intensified investigations, and increased reporting.

that's still with us

But those aren't the reasons, say the authorities, for the present upswing. Dr. William J. Brown, chief of the venereal branch of P.H.S.'s Communicable Disease Center, points out that increased cases are being reported from all over the nation, not just from areas where investigation has been intensified.

P.H.S. believes the picture is much worse than the statistics show. Based on "shoe-leather epidemiology" (statistics plus experience in interpreting them), P.H.S. estimates that about 60,000 new cases of syphilis and 1,000,000 new cases of gonorrhea are now occurring each year—nearly four times the total that's reported.

What's causing the up-turn? Failure of the antibiotics? A decrease in emphasis by the public health services? Public ignorance and complacency? Increasing promiscuity?

The antibiotics aren't to blame, say doctors. For safer and more effective forms are available now than ever before. But they *do* have one major drawback in VD control: When given for minor ills, they may mask or delay early VD symptoms. Then the disease may not be discovered until a later stage, after it has caused serious and irreversible damage.

As for the other three factors questioned: Each one *does* contribute to the growing VD problem, as follows:

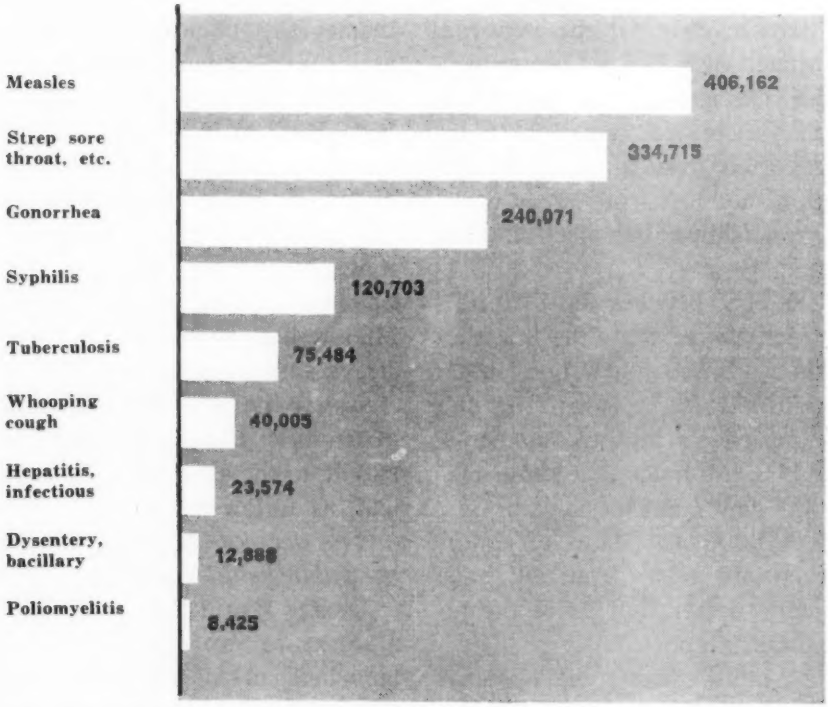
The decrease in emphasis by the public health services.

During World War II, P.H.S. and state health services launched an all-out attack on VD. Treatment centers were established. Case workers were hired. Educational programs

were stepped up. Federal funds were increased yearly.

In 1945, 736,000 cases of VD were reported. As the anti-VD campaign took hold, the figures dropped swiftly. Public interest went down with them. Funds were switched to more pressing health problems. Educational programs were slashed. Federally supported treatment centers were closed. By 1955,

Gonorrhea is third and syphilis fourth in reported communicable diseases



Source: Reported cases for 1959, National Office of Vital Statistics, U.S. Public Health Service.

the Federal appropriation was only $3,000,000—less than a fifth of what it had been six years earlier.

Improvements in penicillin hastened this rollback. Here's why: Before penicillin, VD control was largely a problem of holding on to patients. Special hospitals and clinics were needed to provide a long series of treatments. Then, in 1943, it was discovered that penicillin was successful in the treatment of syphilis. Rapid-treatment centers became possible, providing a cure within several days or weeks. In 1951, long-lasting penicillin made its appearance. Soon one-shot treatment was possible for some patients. By 1953, out-patient treatment was replacing the rapid-treatment centers, and private physicians were taking over more of the treatment load.

Public ignorance and complacency.

After the massive educational program of the late Forties, how can the public be ignorant and complacent about VD today?

Because, say health officials, the public isn't a person who when taught a lesson remembers it. The public is millions of people of different ages. Today's teen-agers and young adults were babies or children when the VD war was waged. Today they (the 24-and-under group) have the highest incidence of all the age-groups—ranging as high as 13 cases of infectious VD per 1,000 for men aged 20-24. Reported cases among those under 20 total 136 a day.

Penicillin itself—the "magic bullet" that has worked wonders in fighting this age-old scourge —has contributed to public apathy. Here's why:

Early signs of syphilis are minor and go away without treatment. Often there's no pain. Dire tales of what may happen to the victim "later" are brushed aside. "I'll wait and see," he says. "If I *do* have VD, penicillin will cure me."

The result of ignorance and of this "wait-and-see" attitude shows up strikingly in the statistics. In 1947, when reported syphilis reached a peak of 355,000 cases, 26 per cent of those treated had primary or secondary syphilis. By 1956, this figure had dropped to 5 per cent. In other words, 95 per cent of the reported syphilis cases that year were in the early latent stage,

or a later stage. This meant that hundreds of victims were candidates for disability and premature death by the time their disease was diagnosed and treated.

There's another consequence of complacency: The VD-infected who are undiagnosed and untreated during the first stages form a reservoir of infection. Any one of them can start a local epidemic—as did, for example, a 17-year-old high school girl in one community who infected twenty-three boys before the outbreak was traced to her.

Increasing promiscuity.

There seems little doubt that promiscuity is on the increase—not alone among young people (who have the highest VD rate) and in lower-income groups but also among those of other age and income groups. Says Dr. Brown of the P.H.S.: "Physicians who say they haven't seen a case of infectious syphilis in twenty years suddenly find it among their so-called better-class patients. One recent outbreak involved nearly fifty persons at the $10,000-or-more income-level."

"The VD problem," says T. Lefoy Richman, author of the 1961 Joint Statement,* "is a symptom of social malfunction. Promiscuity often results from family breakdown, or a lack of discipline in the home, or a lack of wholesome sex education."

"Promiscuity and VD," adds Dr. Brown, "will be with us for some time. City and suburban populations are growing faster than housing, schools, churches, and recreational facilities can keep up. This 'social lag' promotes VD."

The problem is further complicated, say other health authorities, because the population is constantly on the move. Infected persons take VD with them to new areas. One infectious syphilis patient in four, says P.H.S., names at least one sexual partner who lives outside his or her own state.

* * *

Those are the major causes of the present rise in VD, as health officials see it. Now, what is being done to combat the disease? What more can be done? What contribution can the nurse make to this effort?

* An annual report on VD control published by the American Social Health Association in cooperation with the Association of State and Territorial Health Officers and the American Venereal Disease Association.

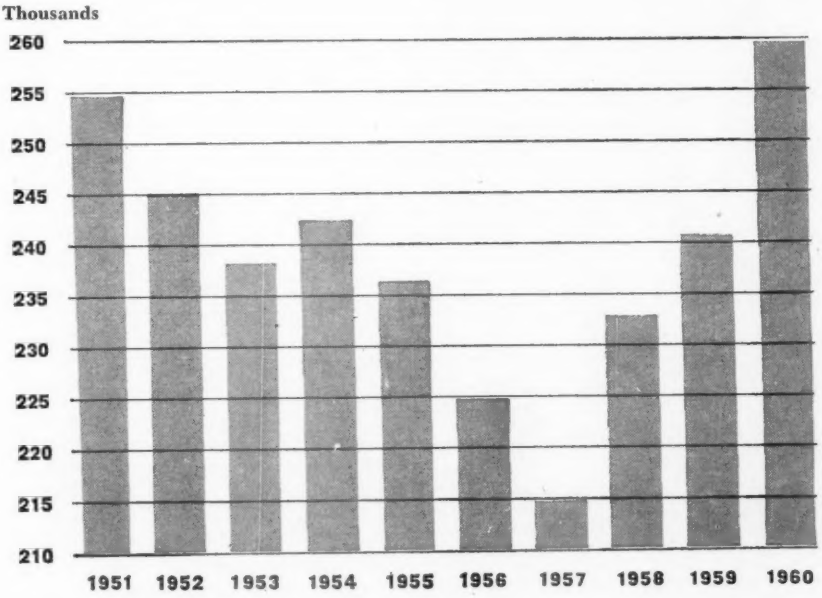
Two basic laws help with VD detection and control in most states:

The first law requires routine blood tests before marriage and during pregnancy. The second requires doctors to report VD cases.

Federal, state, and local health services and private agencies cooperate in promoting VD educational programs. Any or all of these agencies may use investigators to trace sources of infection. (Most of the VD-infected who cooperate name three to four contacts; some name twenty to seventy during the previous three to six months.)

VD investigators often use the cluster technique to get informa-

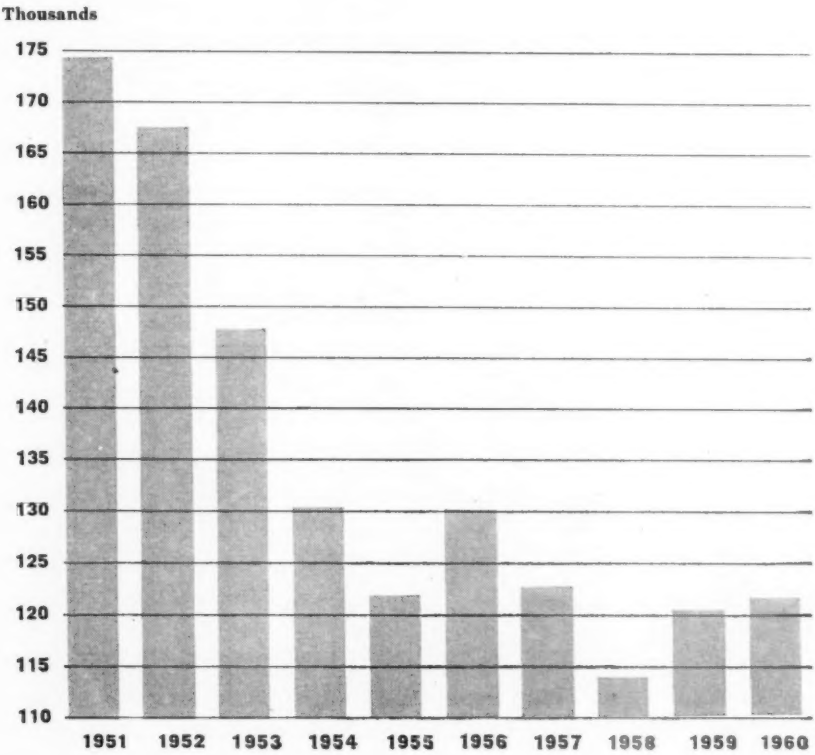
Reported cases of gonorrhea



Source: U.S. Public Health Service.

tion from a patient who is reluctant to name his contacts. They then ask for the names of his friends (who, presumably, may have sexual contacts in the same social group). This technique is especially useful in dealing with the homosexual, who often suppresses names of sexual contacts because of the double stigma of VD and homosexuality. The cluster interview gives the patient an 'out' because he doesn't have to confess his exact rela-

Reported cases of syphilis, all stages

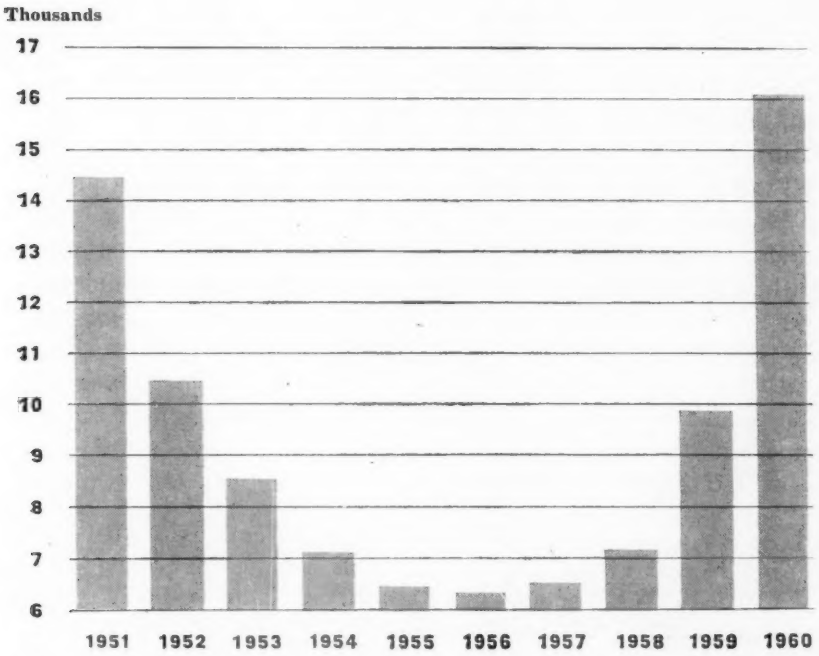


Source: U.S. Public Health Service.

tionship with the friends he mentions. He merely provides a "cluster" of names which the worker investigates.

When VD shows up in an area, prompt action may be needed to head off an epidemic. For example, last year in an Alabama community, a physician reported one infectious syphilis case. Investigators got to work immediately. Within three months they had uncovered an epidemic involving 507

Reported cases of syphilis, primary and secondary



Source: U.S. Public Health Service.

persons. Of these, 413 were brought to treatment.

One of the greatest needs in prevention, say health officials, is a wider and more effective educational effort. For instance, only about half the states provide any kind of VD instruction in their public schools.

Another need is better reporting by private physicians. Many doctors aren't alert to VD. When they do diagnose it, they report only one case in four, according to P.H.S. estimates.

A third need is adequate funds. For the Federal Government's share of the VD program, the 1961 Joint Statement recommends $10,000,000 in 1962. (Recently, $5,814,500 was scheduled, representing only a slight increase over 1961.) The Joint Statement also recommends:

¶ Reinstatement of blood tests on routine hospital admissions.

¶ Continued research in the immunology of syphilis, the diagnosis of gonorrhea, and the social bases of sexual behavior. ("It will take an informed public," says Mr. Richman, "to support such research—particularly if the VD incidence goes down again.")

What can nurses do to help?

"In working with early infectious cases," says Mr. Richman, "the nurse no longer gives nursing care to the patient; her role is primarily educative. She can help substantially if she gets the patient to understand that (1) he has a *dangerous* disease; (2) some of his friends probably have been exposed to VD; (3) it's important to convince them that they, too, should see

Continued on page 95

Advance billing

At any given time in our small hospital, several approaching blessed events are plainly visible among the young married R.N.s. The employers accept this matter-of-factly. But recently I overheard one visitor ask another: "What do you suppose they do here? Let them work out their bill in advance?" —ROSEMARY HACKBARTH, C.R.N.A.

Here they let nurses be nurses!

BY MARTHA DUDLEY, R.N.

Ever hoped for that happy day when you wouldn't be required to check linens, ride herd on record-keeping, order supplies, enforce visiting rules, etc., etc.?

Two years ago, that day started for nurses at Middlesex General Hospital in New Brunswick, N.J., when the administration hired college-trained "floor managers." These young men were assigned to do—or to see to it that other nonnursing personnel did—the many tasks that otherwise would keep R.N.s away from the bedside.

The idea seemed a good one. But as I read about it in the press, I wondered: Will it really work? What can these young men do that ward clerks and secretaries don't do already? Will nurses *really* be glad to have many of their griped-about—but time-honored—duties taken away from them?

"Give the plan a year or two," I told myself, "*then* investigate."

Recently I phoned the hospital's communications coordinator, James M. Crowley, and explained that I'm a writer for *RN*. "Is your floor-manager system still in operation?" I asked.

"Going strong," he assured me. "Come down and see."

Soon I was in Mr. Crowley's office interviewing him and Ryland Jones, one of the first floor managers. Mr. Jones now supervises the program.

"The manager's most import-

tant job," said Mr. Crowley, "is public relations. He helps keep patients happy. One of the reasons our patients are happy is that they're getting first-class nursing care from nurses who have time to give it. Our nurses, I suspect, will tell you the floor manager's main job is to let *them* spend time at the bedside."

He turned to Mr. Jones. "Do you agree?"

"Absolutely," Mr. Jones replied. "You might say that each manager is an administrator for one floor. He takes care of nonnursing functions; the head nurse takes care of nursing functions. We have problems from time to time. But most nurses are glad to be freed from duties we've assigned to the floor managers." (See below.)

"Let's visit one of the floors," said Mr. Crowley. "It's easier to understand the program if you see it in action."

When we stepped out of the elevator on the fourth floor,

The floor manager's duties

Admission. Escorts patient from elevator to his room. Introduces him to head nurse and roommate. Explains floor manager's function and answers patient's questions. Checks M.D.'s order and gives patient explanatory card showing work to be done the following day (X-ray, gall-bladder series, blood tests, etc.).

Discharge. Notifies admitting office, orders diet cancellation, sends chart to record room. Makes arrangements for cab or ambulance, if needed, escorts patient to transportation.

Patient-relations. Visits each patient daily. Answers questions on hospital procedures, satisfies complaints, delivers mail.

Visitor-relations. Enforces hospital rules as to hours and number of visitors allowed.

there wasn't a nurse in sight. We faced what looked like a nursing station. A well-groomed young man arose and greeted us. Mr. Crowley introduced him as Jack Pawlowski. Then we continued down the hall.

"Jack majored in psychology in college," Mr. Crowley explained. "He joined us because he wants a career that will allow him to deal with people. We also have men who've majored in one of these: economics, business administration, or personnel management. We select those who are outgoing people and who want a career in hospital management."

We were now walking along a corridor that flanked a central working space. The patients' rooms had outside exposure. Near the end of the hall was a nursing station in the central area. There we exchanged a few words with Head Nurse Mary Covert, who said she'd join me after the day shift ended.

"There's a second nursing sta-

Housekeeping. Directs work of porters and maids while on his floor. Sees that proper cleanliness is maintained. Phones special requests for cleaning and supplies to housekeeping supervisor.

Maintenance. Is responsible for proper functioning of all equipment. Requests routine repairs from maintenance department, TV repairs from hospital's TV service.

Stocks, supplies, and equipment. With head nurse, estimates weekly needs of linen, central supply, stock drugs, and storeroom. Makes daily or emergency requisitions as necessary. Secures oxygen or other nursing equipment ordered by a doctor; sees to installation and to return after use.

Reports and forms. Takes care of incident reports, insurance forms, wills, expiration records. Secures an orderly, or other nonnursing employe, when needed by nursing staff. Deals with ward clerk as head nurse's representative.

tion for this floor at the other end of the building," Mr. Crowley said. "When we started the floor-manager program, we had one ward clerk who was responsible to the floor manager. That didn't work out, so now we have two ward clerks to a floor, each responsible to one of the two head nurses. Ward clerks and head nurses come to work an hour ahead of the floor manager. The nurses check with the night staff for any problems. Then they prepare discharge, maintenance, and complaint lists and turn them over to the ward clerks. The clerks follow through with the floor manager.

"The manager's hours overlap with those of the evening shift. He takes care of any requests before he goes home. He has already met the needs of the day nurses and those of the previous night's shift. So, in any 24-hour period, he meets the needs of all."

"How do head-nurse and floor-manager jobs compare on your organization table?" I asked.

"They're at the same level, with the same salaries. Head nurses and floor managers work together on an equal basis."

We then returned to Mr. Crowley's office. There we found Mrs. Grace Evans, director of nursing, and Miss Grace Smith, OB supervisor, waiting for us. Soon Miss Arlene Gavlik and Mrs. Covert, whom I'd met upstairs, joined us. Mr. Crowley tactfully excused himself.

"Miss Smith, Mrs. Covert, and I were here when the plan went into operation," Mrs. Evans said. "But Miss Gavlik came a few months later. I thought you'd like to know her opinion of how working at Middlesex compares with working at a hospital without floor managers."

"Yes, I would," I said. "But first, let's go back to the beginning. Was nursing service in on the plan from the first?"

"We certainly were!" said Mrs. Evans. "Otherwise, I doubt if it would have succeeded. Frankly, I wasn't enthusiastic at the beginning. I feared there might be a lot of resistance. But because we alerted the nurses to our plans, they were most cooperative. We had only one holdout, a nurse who finally left."

"We had more trouble with the part-timers than with our full-time R.N.s," added Mrs.

Covert. "They still find it hard to understand the floor manager's function. Orienting new personnel is sometimes difficult, too. And the doctors! At first they huffed and puffed and wanted to know what 'those guys' were doing there. But now they're sold. A few still give requests for room transfers to the nurses. But most go direct to the floor managers about nonnursing needs."

"We on OB don't have as much contact with our floor manager as the nurses on other floors do," Miss Smith said. "For instance, he doesn't bring our patients in on admittance. But he does take care of such things as getting patients' signatures and other legal matters, keeping track of their valuables, following through on the inevitable losts and founds that haunt the obstetrical floor. He handles insurance forms and bills, too."

"How much time does the floor manager save you personally?" I asked Mrs. Covert.

"At least four hours a day," she replied.

"He doesn't save staff nurses as much time as he does head nurses," Miss Gavlik pointed out. "But he relieves us of a host of irritations that can upset a patient and make him hard to handle. For example, I never hear a complaint about a roommate or about a faulty TV set. When the manager brings around the mail, my patients complain to him—perhaps because he's a man and they think he'll get things done. They know he's trying to help, so they co-

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The ward clerk's duties

(under supervision of the head nurse)

1. Charts temperatures and pulse rates.
2. Makes up admissions charts.
3. Installs new forms on charts.
4. Routes discharge forms and old charts to and from record room.
5. Stores and distributes linen, stock drugs, and other supplies.
6. Phones in diet changes.
7. Handles specimen bottles.
8. Runs errands to central supply, pharmacy, storeroom, laboratory, and records room.
9. Acts as liaison between head nurse and floor manager.

The answers when they ask you about heart disease

The public is fast becoming aware that heart disease and its complications rank as the nation's number-one killer. So most nurses find themselves beleaguered by questions about "heart trouble" from patients, friends, and even chance acquaintances.

To help you with your answers, *RN* asked the American Heart Association to review its files for the past few years to find out which questions recur most often. The association selected those that follow. *RN*'s editors compiled the answers, incorporating the latest information from authoritative sources.

Is heart disease inherited?

No definitive relationship has been established between heredity and most cardiovascular conditions. But there's fairly wide agreement on the following:

(1) Heredity—along with obesity, high blood pressure, high serum cholesterol, diabetes, and other factors—is related in some way to coronary atherosclerosis, a cause of heart

attacks; (2) people whose parents had high blood pressure are more likely to develop it than those whose parents didn't have it; (3) rheumatic fever, which can cause heart damage, tends to run in families; (4) some congenital heart defects apparently result from hereditary causes; (5) hereditary predisposition seems to be a factor in varicose veins.

Does smoking cause heart trouble?

Statistical evidence strongly suggests that heavy cigarette-smoking may contribute to or hasten the onset of coronary heart disease or its complications. For example: Death rates from heart attacks are reportedly 50 to 150 per cent higher among middle-aged men who are heavy cigarette-smokers than among nonsmokers in the same age group. But neither statistical nor clinical studies have proved conclusively that cigarette-smoking actually causes heart ailments.

Does strenuous exercise harm the heart of a healthy person?

Not if it's the kind of exercise the person is used to and is reasonable for his age. Obviously, a man of 40 who hasn't been doing anything more strenuous than walking and gardening shouldn't, for example, play tennis unless he gradually acclimatizes himself to such vigorous exercise.

What kind of exercise is safe for a person with a heart condition?

Most patients who've recovered from a heart attack are permitted to exercise moderately—to walk, fish, play golf, etc. —provided such activities don't cause symptoms. The same holds true of most persons with high blood pressure. But vigorous sports are considered dangerous, even for young heart patients.

Is there a specific diet that will prevent a heart attack?

No. But most scientists agree that the risk may possibly be re-

duced by eating smaller amounts of *saturated* fats and substituting a reasonable amount of *poly-unsaturated* fats. This means cutting down on whole milk, cream, butter, cheese, meat, coconut-oil products, and chocolate. The recommended substitutes include vegetable oils, fish, and certain margarines. But, the researchers warn, no one should make any such dietary change without medical advice.

What about a low-salt (low-sodium) diet?

This is sometimes prescribed to help reduce high blood pressure in patients who have—or are prone to—hypertensive heart disease. Again, no one should undertake such a diet without medical advice.

Are anticoagulant drugs helpful after a heart attack?

More and more doctors favor their use while the patient is hospitalized. (Some prescribe them for long periods after discharge.) Such drugs are thought to help prevent blood clots from forming in the coronary arteries and leg veins while the patient is on bed rest, and afterward.

Because of a heart condition, I can't do the kind of work I used to do. Is there any way I can find out what work is suitable for me now?

Yes. See your doctor about this. Many local heart associations sponsor work-evaluation units (clinics) for patients referred by their doctors. The patients are examined by a cardiologist and told what kind of work their condition permits. They're also given vocational guidance and other help. Sometimes they're referred to special workshops where they learn new skills and how to increase their work capacity. (In many cases, they must, of course, expect reduced earnings.)

What can be done at home to help a stroke victim get back the use of his limbs?

The doctor may prescribe massage to stimulate circulation, and passive exercises to flex the joints and prevent deformities. He or a physical therapist can show family members the correct methods. Later, an occupational therapist can teach the patient self-care (dressing, shaving, feeding himself) and simple activities that help strengthen the affected muscles.

Doctors say many abilities

Fight fears with facts

Fear: There's nothing we can do about heart disease.	**Fact:** Some forms can be prevented; some can be cured. Doctors can help almost all heart cases, especially if the condition is diagnosed early.
Fear: Murmurs, chest pains, and palpitations are sure signs of heart trouble.	**Fact:** Not necessarily. Only your doctor can tell.
Fear: Most heart attacks are fatal.	**Fact:** After an attack, the majority of patients recover and lead productive lives.
Fear: Women with heart disease should not have children.	**Fact:** With proper medical care, most women can bear children safely.
Fear: You can't work if you have heart disease.	**Fact:** Most heart patients still earn a living—often at the same jobs they had before.

Source: American Heart Association.

can be regained through such retraining. But, they emphasize, the program should begin as soon as possible after the stroke. It will succeed *only* if patient and family cooperate fully in carrying out the exercises.

My child had rheumatic fever two years ago. He seems perfectly well now. Why does he still need penicillin?

If your child should get a streptococcal infection such as sore throat, tonsillitis, or scarlet fever, rheumatic fever might recur. The penicillin protects

him from this danger. (Other antibiotics or sulfa drugs are sometimes prescribed instead.) Doctors report excellent results from these drugs when they're given to the patient over a period of years.

My child has a congenital heart defect. What are the chances that he can be helped by an operation?

It's estimated that three out of four children born with a heart defect can be helped by surgery. If the surgery corrects the defect fully, the child usually can lead a normally active life. If it corrects the defect in part only, he'll probably have to avoid strenuous exercise such as competitive sports.

How can I get help in paying for my child's heart operation?

Apply to the appropriate state-Federal program: the Crippled Children's Program (for younger children) or the Vocational Rehabilitation Program (for those of working age or near it). These usually are located at the state capital. Also see your local heart association. It may refer you to other sources of financial aid. END

Surrender of a bad guy

Into our pediatric office strode a 4-year-old bad man, complete with rolling gait, two guns, and chaps. He left no doubt that he was rough and tough, and wasn't taking orders from anyone.

There was quite a commotion as we tried to edge him into the examining room, until he spied the nurse's graduate pin. He stopped and asked: "Are you a lawman?"

"I sure am, pardner," the nurse replied. "This badge was given to me by the sheriff of Cochise, and we don't want any trouble in this territory. Now, hand over your guns, your shirt, and your pants—and pronto!"

We had no further trouble. —R. W. PENICK, M.D.

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A hoop to hang your cap on

BY DOROTHY PATTERSON GAULT, R.N.

Are you spending too much time and money on your hairdo? Looking for a simple but elegant coiffure, suitable for both on- and off-duty hours? Then you'll be interested in my pretested answer: the chignon.

No hands-up-in-horror, please! Before making your decision, give yourself this test: Skewer back your brief locks, poise a doughnut (unsugared) near your crown, study yourself from all angles. While this may seem earthy, it gives you the picture. Without it, I should never have found the courage to set out on my own hair-raising adventure.

Still hesitant? Then tick off these convincers on your fingers: No more (1) permanents, (2) nightly pin-ups, (3) sticky lotions, (4) dryers, or (5) nets when you wear a chignon. And it holds up in a sudden downpour, too.

Presuming you're now convinced, I must warn you: There's no short cut to long hair. The next few months will be an awkward, in-limbo period. (Hair is reputed to grow three-quarters of an inch a month. This is propaganda, bruited about by barbers and beauty operators to stimulate business.) Ideally, one would retreat from society during the growing, but few of us can do so.

If your nursing school cap is capacious, you may be able to conceal your between-lengths tresses under it. But if yours is

one of those organdy miniatures, heaven help you!

Right after I'd outgrown this trying interval, a better-organized chignonee informed me that a false hair piece would have saved me a good deal of vexation. The news was too late for me, but may benefit you.

Once your hair reaches shoulder length, you're ready to attempt your first chignon. Honesty compels me to admit that mine wasn't wholly successful. In fact, it looked like an eyrie built by an elderly eagle with severe palsy. But after assiduous practice I became comparatively skilled, and so will you.

Your first public appearance with chignon is fraught with suspense. You have an irresistible urge to keep checking the topknot with your finger tips. And, with front hair skinned back, your face feels naked and defenseless.

At first I was obsessed with the notion my side elevation was more flattering than the front. While talking with my host at an evening party, I presented my profile by pretending to study a painting over the fireplace. Before long he, too, was staring at it, and broke off to apologize because it was merely a copy. This incident cured me of the oblique approach. After all, vanity is no excuse for discomforting one's friends.

The chignon lends itself admirably to the nurse's crisp white uniform; but there's a certain incongruity in teaming it with at-home outfits. Especially if they consist of baggy slacks, sneakers, and long-sleeved sweaters without elbows, as mine do.

Another consideration is hats. Obviously you can't wear the conventional type. But a few velvet leaves attached to a thin strip of buckram works fine. For below-zero nights, children's earmuffs help prevent frostbite.

Speaking of children, I must warn chignon-wearing pediatrics nurses to be prepared for startling inquiries. One alert moppet kept eying a friend's coiffure with frightening fascination. Finally, he breathed, "Miss Preston, my mommy says there's a rat inside that thing on your head. Could I see it next time you feed it?"

While we're exploring the subject, I must inject another word of caution. If the chignon offers advantages, it also im-

poses strict taboos. Its wearer is obliged to eschew jitterbugging, foot-long hot dogs, chewing gum, and throwing herself prone on sofas. The very queenliness of the arrangement impels one to live up to it.

On the pro side, a married nurse claims the chignon provides a marvelous justification for any expenditure a spouse might question. "But darling," she cries, "think of the pots of money other wives spend in

How to conquer a suitcase

Tired of rummaging through your suitcase every time you want an item during that overnight or week-end trip? Try packing it in three layers, says Trans World Airlines Travel Adviser Mary Gordon. Like this:

Bottom layer, left to right: Shoes, toe to heel; odd items not used regularly (jewelry case, extra gloves); underthings and hose; leakproof cosmetic case. Make the layer level.

Middle layer: Skirts, dresses, blouses, jackets, folded to cover as much area as possible thus making an easy-to-lift "shelf." To pack a *skirt,* gather the fullness into folds; if it's gored, fold triangles at each side; then fold the skirt at the hip to fit the area. For a *dress,* fasten the belt and buttons, pick it up by the shoulders, draw it face down across the length of the suitcase until the hem falls inside; fold it across itself, turning the sleeves underneath. For a *jacket,* button it, lift by the shoulders, lay it face down across the width of the suitcase; pick up the sleeves by their back seams and lay them across the jacket; flip the bottom of the jacket over.

Top layer: Sweater, raincoat, robe and slippers, other things you want to get at easily.

Now you can't close the suitcase? No trouble. If you must take along everything, remove the top items, put them in a small overnight bag, tote both bags along. END

beauty shops!" This rebuttal is sure-fire. He hasn't the foggiest notion what they *do* spend. Her vehemence leads him to estimate it's in the hundreds of dollars. It may even be in the thousands. . . .

One more question presents itself: what to do with the Rapunzel-like mass upon retiring? Unless you raise your head high enough off the pillow to flip your hair around when you turn over, your nose is going to be imbedded in crowning glory. And undisciplined locks are a ticklish proposition.

After considerable thought, I hit upon the perfect solution for me: a single loose braid with a tight rubber band at the end. You may prefer a night- or mobcap. (But better think twice about these if you have a matrimonial partner.)

I hope I've presented the case for the chignon in a straightforward manner, leaving no hair unsplit. But if you have further questions, feel free to accost any stranger who owns one. Our sisterhood may be select, but we're noted for our eagerness to counsel the novice. Good luck! END

Military maneuver

My patient, a senile British Army colonel, badly needed 2,000 cc. of fluid. He wouldn't drink, and he fought the I.V. So I decided to use strategy. I filled a cup with fruit juice. "To the Queen!" I said, guiding the cup to his lips. "To the Queen," he replied—and downed the juice. We then toasted the entire royal family and the archbishops.

Finally, there was one cup to go. So I blurted, "To Queen Victoria!"

"She's dead," my patient said scornfully. "To her memory, then," I replied. The colonel paused, then said fervently, "God rest her bones," and drained the cup.

Mission accomplished. —GRACE BURROWS, R.N.

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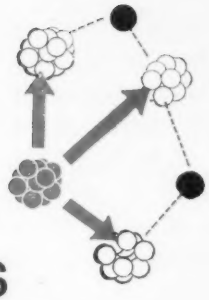

Enzymes used as therapeutic agents

By Morton J. Rodman, PH.D.

Enzymes are one of the most exciting areas of medical research today. Some scientists say we're close to a major breakthrough here. It may be as revolutionary for medicine as splitting the atom was for physics.

We now know that enzymes play a key role in every aspect of the process we call life. Without them we couldn't live. When even one enzyme doesn't work as it should, our bodies don't function normally.

Enzymes are special protein molecules. Working in ways we don't fully understand, they make possible the countless chemical reactions that provide energy to keep the body machinery ticking. There are hundreds of them, and each does a specific job. Some (the digestive enzymes, for example) break down complex food molecules. Others build body tissues and keep them functioning.

Enzymes appear to hold the answers to many questions about health and disease. Numerous illnesses stem from lack of healthy enzymes. Restore proper enzyme balance, and those illnesses can be conquered.

Enzymes in use today come from many strange sources: streptococcus germs, maggots, snake venom, seminal fluid, beef blood, and sweetbreads; figs, pineapples, papayas, and other tropical plants.

Already, doctors have identi-

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fied a number of conditions that enzyme therapy will help. The following are the areas of greatest interest at present:

Cleansing wound surfaces: This is one of the most common uses. When applied as a powder, wet dressing, or ointment, the enzymes act as biologic scalpels, ridding wound surfaces of dead tissue, pus, and other foreign matter while leaving the healthy cells unharmed. In some cases, surgical debridement is unnecessary.

The enzymes don't fight infection directly; but their cleansing action deprives bacteria of cover and a place to grow. This leaves the invaders open to attack by the body's anti-infective weapons and by some antibiotics (neomycin, for instance).

Speeding healing: After a few days of topical enzyme treatment, stubborn skin ulcers may begin to heal. Bed sores often get better faster when thick tissue exudates are dissolved away by papain, the papaya enzyme, or by any of several other biologic catalysts that split long-chain molecules into smaller, soluble fragments.

In burns, too, this dissolving action sometimes helps speed healing. Cleansing the wound surface helps to prepare the area for skin grafts. For instance: A new combination of the enzymes fibrinolysin and desoxyribonuclease (Elase) is claimed to cut the waiting time prior to plastic surgery for burns from three weeks or more to just a few days. Gynecologists have also found this combination helpful with cervical and vaginal inflammations.

Relieving chest congestion: Another enzyme pair, streptokinase and streptodornase (Varidase), are useful for some chronic chest infections. (As their names suggest, they are products of streptococci.) The combination attacks clotted blood and thickened pus masses by striking at fibrin and desoxyribonucleic acid (DNA), the major types of tissue debris found at infection sites.

In empyemas that follow pneumonia, tuberculosis, and other diseases, some doctors inject a solution directly into the pus-filled cavity. This quickly liquefies the thick liquid and clots into a thinner fluid that can readily be drained.

Beef pancreas yields a similar enzyme that attacks thick-

Some therapeutically useful enzymes

Each entry on this list starts with the official or generic name of the drug, followed in parentheses by its trade name(s) and/or synonym(s).

Alpha-amylase (Buclamase)
Alpha-chymotrypsin (Alpha Chymar)
Bromelin (Pineapple and Maya fruit protease)
Chymotrypsin (Avazyme, Chymar, Chymolase, Enzeon)
Fibrinolysin, bovine (Beef plasma protease)
Fibrinolysin, human, N.N.D. (Actase, Thrombolysin)
Fibrinolysin and desoxyribonuclease combined, bovine (Elase)
Ficin (Ficus [fig] protease)
Hyaluronidase (Alidase, Diffusin, Hyazyme, Wydase)
Lipase (Lipolytic enzyme)
Pancreatic dornase, N.N.D. (Dornovac, pancreatic deoxyribonuclease)
Pancreatin, N.F.
Papain (Papaya fruit protease)
Penicillinase, N.N.D. (Neutrapen)
Pepsin, N.F.
Ribonuclease
Streptodornase, N.N.D. (Hemolytic streptococci deoxyribonuclease)
Streptokinase, N.N.D. (Hemolytic streptococci plasminogen activator)
Streptokinase-streptodornase, N.N.D. (Varidase)
Trypsin crystallized, N.F. (Parenzyme, Tryptar)
Trypsin-chymotrypsin combined (Chymoral)
Trypsin-chymotrypsin-ribonuclease combined (Orenzyme)

ened pulmonary secretions and makes them easier to cough up. This substance, pancreatic dornase (Dornovac), gives best results when inhaled as an aerosol. Children suffering from the pulmonary complications of chronic cystic fibrosis of the pancreas are said to breathe better after inhaling it. In bronchitis and pneumonia, too, the mist may bring about productive coughing. Also, the enzyme may make it easier for antibiotics to reach the infected areas and fight the underlying infection.

Controlling inflammatory reactions: Most widely used for this purpose are trypsin (Parenzyme, Tryptar) and chymotrypsin (Chymar, Chymolase, Enzeon). Both are pancreatic enzymes that split food proteins in the human digestive tract. Somehow, injecting small amounts of these substances seems to change the sequence of events that normally follows tissue injury. It's believed they help

break down fibrin molecules that are thought to block the free flow of fluid into and out of an injured area. When this fibrin dam is pierced, toxic tissue products start moving out and healing factors move in. Pain and swelling soon cease and tissue repair speeds up.

Doctors make use of these two enzymes' anti-inflammatory action in medical and surgical conditions such as these:

¶ To reduce pain and swelling following sprains and fractures, thus making it easier to set a broken bone and fit the cast snugly.

¶ To reduce hematomas of the head and face.

¶ For iritis, choroiditis, retinitis, and similar occular inflammatory disorders.

A special form of crystallized chymotrypsin called alpha chymotrypsin (Alpha Chymar) is making eye-lens extractions easier in cataract operations. When washed over the ligaments that hold the lens in place, the solution selectively loosens the ligaments without injury to other intraocular structures.

In the past, these enzymes have been injected intramuscularly. (They would be digested if taken orally.) This caused pain and other reactions at the injection site. Now buccal tablets are available for holding between gum and cheek. Recently, enteric-coated tablets have been marketed.

Fighting penicillin reaction: The recent introduction of penicillinase (Neutrapen) marks another new development in enzyme therapy. This bacterial enzyme destroys a specific allergen: penicillin. When given to a patient suffering a delayed penicillin reaction, it seeks out the penicillin molecules and converts them into a non-antigenic form.

Speeding fluid absorption: Another enzyme of unique usefulness is hyaluronidase (Alidase, et al.). It's produced in mammalian testes and has the function of helping the sperm fertilize the female egg. When purified in medical form, it's used in dehydrated patients to speed the absorption of fluids from subcutaneous sites into the blood. For instance:

In infants and other patients whose veins are hard to find or to enter, fluids and electrolytes are given by clysis. This may be

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When your patient has HEPATITIS

By Heinz F. Eichenwald, M.D.
As told to Patricia D. Horgan, R.N.

EDITOR'S NOTE: This year the incidence of viral hepatitis is climbing swiftly. Epidemiologists predict that the total for the year probably will exceed the record 50,093 cases reported by the Public Health Service in 1954.

Most of the increase, they say, is in infectious hepatitis which is now at the peak of an incidence cycle that occurs every seven to ten years. The other form of the disease—serum hepatitis—is fairly constant in incidence from year to year. (Clinical features and management of the two are similar.)

If you work in a hospital, chances are that before the year is out you'll care for at least one adult with this disease and that he'll have the infectious form. Though this form primarily infects school-age children, the infected adult has more severe symptoms than the child and usually takes longer to recover. He may be hospitalized not only for supportive treatment but also because bed rest is a critical need and is usually best achieved in a hospital.

Here, an authority on viral hepatitis discusses the clinical features of the infectious form in a way that will help you better to understand and care for the

patient with either infectious or serum hepatitis.

* * *

The attitude of the nurse and the doctor toward the patient hospitalized with hepatitis is, in my opinion, the critical factor in effective care. As for therapy: We're kidding ourselves if we think we do much to help the patient. Actually, about all we can do is provide an opportunity for complete bed rest, a high caloric diet, and sympathetic understanding and encouragement.

It's this last that nurse and doctor usually find the hardest to give—generally because they don't realize how sick the patient is.

He doesn't have dramatic clinical signs such as a raging fever or severe pain. He's just lethargic and, perhaps, a little jaundiced. He gets on the staff's nerves, too. He's irritable. He won't eat. Privately, they may call him a "crock." But the patient is indeed ill, and he's been ill for some time.

Let's take a look now at a hypothetical patient and at what's been happening to him over a period of several weeks:

Some time ago the patient was infected with a virus causing the infectious form of hepatitis. (For details of epidemiology see page 73.) This virus probably was passed on to him by a school-age child whose symptoms were so mild and transient that the illness wasn't diagnosed.

In adults, hepatitis commonly has two phases: preicteric and icteric. (In children, hepatitis is almost always anicteric.) In our patient, the preicteric phase began abruptly and lasted about a week. (It may last as long as three weeks.) He began to feel fatigued, achy, and nauseated; and he lost his appetite. He also lost his desire for cigarettes and for alcoholic drinks (even one drink would have a potent effect—perhaps make him ill).

When he went to the doctor, he described himself as feeling "as though my engine has stopped."

The vagueness of such a patient's complaints often makes it hard for the doctor to pin down the diagnosis. Not infrequently, he tells the patient to rest and to force himself to eat. A tranquilizer or whisky may be prescribed—both of which are potentially hepatotoxic for this patient.

A comparison of infectious and serum hepatitis

	Infectious	Serum
Virus present in	Blood and feces	Blood only
Age group	School-age children, young adults	Any age
Transmitted by	Close personal contact with an infected person or with a carrier; contaminated food or water; contaminated blood, syringes, or other equipment used parenterally	Contaminated blood, syringes, or other equipment used parenterally
Route of transmission	Fecal-oral, parenteral	Parenteral
Incubation period	10-50 days	60-160 days
Onset	Abrupt	Insidious
Period in which patient is infectious	During incubation, lasting through the first 1 or 2 weeks (possibly longer) after onset of the acute phase	Same
Prophylactic prevention	Immune gamma globulin	None

After a few days of following the doctor's advice, our hypothetical patient felt worse. His anorexia progressed to an aversion for food. The mere sight of it made him want to vomit. He noticed that his urine was getting darker—almost brown And now he had a dull, heavy feeling in his upper right side. He visited the doctor again.

This time the doctor took a

complete history and gave him a physical. The doctor's findings and an analysis of the patient's urine and blood indicated that the liver was inflamed—a hepatitis due probably to viral infection.

The patient decided, on the doctor's advice, to enter the hospital. The doctor also advised gamma globulin for all who had been in close contact with the patient.

This brings our patient to the point where he's now on your unit.

The first things you notice in him are an elevated temperature and an intensification of the gastrointestinal symptoms and right upper-quadrant discomfort. These and an increase in the size and tenderness of the liver herald the onset of the icteric phase. (This lasts about four weeks—sometimes as long as ten.) You may also note jaundice, appearing first in the sclera. (Not all patients with hepatitis become jaundiced.)

The patient will be confined to bed for at least three weeks. He'll spend another two in limited activity before he can

Work advances on hepatitis vaccine

In June, researchers reported that prisoner-volunteers injected with attenuated hepatitis virus developed antibodies against the virus. But Joseph D. Boggs, M.D., an associate professor of pathology at Northwestern University pointed out in a report to the American Medical Association that a safe, effective vaccine is still a long way off.

This report of the work by Dr. Boggs and by researchers of Parke, Davis & Company is significant because it shows that (1) hepatitis viruses can be isolated, identified, and grown in tissue culture; (2) such cultured viruses can produce hepatitis when injected into humans; (3) at least two serologically different strains of virus produce the infectious form of the disease.

be discharged. This long hospitalization is particularly trying for a young man or woman who's been active and reasonably well (most adult hepatitis patients are under thirty). Also, it may impose a financial burden on the patient who, at this age, usually has limited funds and heavy family responsibilities. Add to this the effect of physical illness on one's mental outlook and you begin to see why this patient is so much in need of understanding and encouragement.

Two suggestions here:

¶ Put things positively to this patient. For example, explain why bed rest will help him recover faster. Ask him to cooperate in remaining in bed. Remember that the hepatitis patient tends to be irritable and easily upset because, among other things, liver dysfunction affects endocrine balance. A flat statement that the patient must not get up may provoke him.

¶ Use your time with the patient to advantage. Listen, sympathize, encourage. Fifteen minutes spent this way from time to time will reassure him and keep him content. If you brush off his complaints with disinterest, you may find his demands increasing.

DR. EICHENWALD, *here at work in his laboratory, is Professor of Pediatrics at Cornell University Medical College, New York City.*

Of course, I feel that there can be no compromise about one thing: He *must* have complete bed rest during the first three weeks. (For this reason,, it's probably best to put him in a single room in a quiet part of the unit.) While we don't know specifically why bed rest is effective, we do know that patients who rest recover faster, are less prone to relapse, and don't have

chronic residual effects such as gradual and progressive liver dysfunction.

Complete bed rest means that the patient must do nothing—except, possibly, feed himself. He must remain flat on his back in bed. During the acute phase of his illness, he'll probably be glad to; for he's drowsy and usually feels miserable.

To encourage him to eat:

1. Give him anything he wants—not just anything within reason, but *anything* (except, of course, alcoholic drinks which are potentially hepatotoxic). Fortunately, the patient tends to select a diet high in protein. And he tolerates dairy fats well. (Some physicians nevertheless advocate a fat-restricted, moderate-protein, high-carbohydrate diet.)

2. Make breakfast his biggest meal, supper his smallest. Reason: He tends to start the day well but "runs down."

3. Arrange his food attractively and serve it in reasonable portions to help stimulate whatever appetite he may have.

If nausea is severe, antihistamines may help. In my opinion, other drugs—particularly tranquilizers, opiates, and barbiturates—should not be given because of their possible damaging effect on the liver. Some doctors give I.V. vitamins, steroids, and antibiotics, but I do not believe these are of value in most cases.

Modified isolation precautions are necessary right up to the day the patient is discharged. These include use of individual bedside equipment, dishes and utensils, and a thermometer. Gowns are worn by those in contact with the patient or his equipment. Stools and other excreta are properly disposed of. Bed linen is handled as contaminated linen. Hand-washing after every contact is, of course, of paramount importance. Finally, special care is taken in handling and sterilizing syringes used on the patient.*

The nurse's observation of the patient's mood and his appetite help the doctor greatly in determining progress. It's a good sign when a patient is increasingly cheerful and his appetite improves. (Oddly, appetite may return in the jaundiced patient just when his color is deepest;

Continued on page 92

* See "What Can YOU Do About Hepatitis?," *RN*, March, 1957.

Should you care for a relative with a terminal illness ?

BY VIVIAN L. LEGGE, R.N.

A nurse who has a seriously ill parent or in-law, sister or brother, aunt or uncle—perhaps even a cousin—knows she may have to answer the following questions some day, maybe on short notice:

Should I care for this loved one through terminal illness, no matter what sacrifice I have to make in time and money? Will he be better off in my care than he would in the care of another nurse? Should I charge for my service? Just what *are* my ethical and professional obligations?

Most R.N.s face this situation sooner or later. When they do, they usually discover that it's assumed they'll care for the patient without charge.

How do most of them react? To find out, *RN* queried a nation-wide cross-section of nurses. Their answers are nearly unanimous:

Not only did they volunteer to care for the patient, but most gave their services at a considerable personal sacrifice. Only one received her usual salary. One other refused the case.

Here are typical experiences:

A Wyoming nurse specialed her dying mother each night while she continued her regular daytime job.

A Vermonter boarded out her

. . . Care for a relative?

two children while she cared for her stepfather.

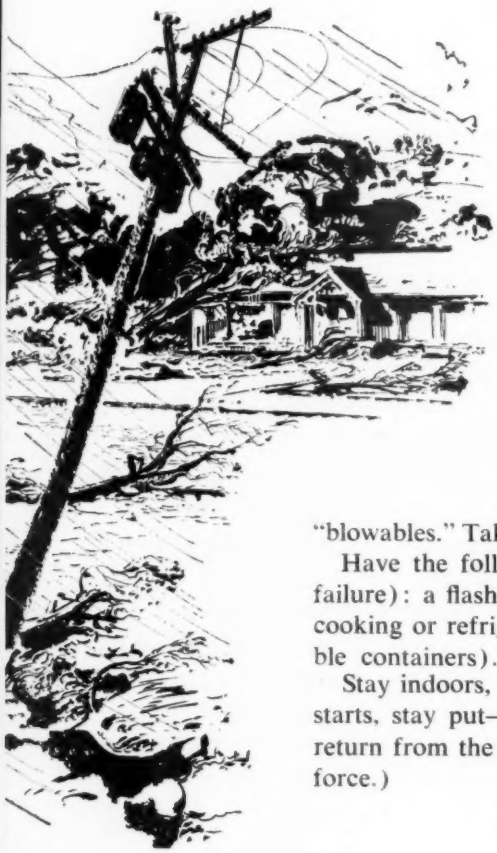
A Washington, D.C., nurse hired baby sitters for her children, though she received no pay for full-time terminal care of her sister-in-law.

A Kansas nurse resigned her job to be with her mother during the last illness.

A Minnesota nurse sacrificed a month's vacation to give round-the-clock care to her dying aunt.

What of the R.N. who refused a case in her family?

"I feel," she says, "that a nurse isn't capable of giving objective care to a loved one during a terminal illness. In this



Be ready when

Do you know what to do if a hurricane or a tornado threatens your area? The Red Cross lists these precautions:

When a hurricane threatens

Follow weather reports closely.

Don't risk being marooned. If told to leave an area, do so.

Stay away from beaches, low-lying areas, and tidal flats.

Store lawn furniture and other "blowables." Take down awnings. Board up windows.

Have the following on hand (to cope with a power failure): a flashlight or candles; food that doesn't need cooking or refrigeration; plenty of water (fill all available containers).

Stay indoors, away from windows. Once the big blow starts, stay put—even if there's a lull. (The wind may return from the opposite direction, possibly with greater force.)

instance, I knew I'd be emotionally and psychologically incapable of making sound professional decisions."

Other R.N.s, with the experience now behind them, advise against caring for a terminally ill relative. Says an Arizona nurse: "It's much easier for a nonrelative to give proper care." A Wisconsin R.N. adds: "Nursing my father was a labor of love. But I don't recommend the experience. The emotional tension is great. Though I did everything I could to keep my patient comfortable, I'm afraid I'll always regret that I couldn't do more."

Several nurses say strained

the big winds blow

Give fallen wires a wide berth. (In a sudden gust of wind, a loose power line may strike anyone near it.) Report hanging or fallen wires to the police.

When a tornado threatens

If you can't reach shelter, lie flat in the nearest ditch or similar hollow. (In farm areas, the safest spot is a storm cellar; in hilly country, a cave; in cities, a steel-reinforced building; in frame houses, a corner of the basement—preferably the southwest corner, for the tornado will blow from that direction.)

In schools, take children to the basement or have them stand against an inside wall on the ground floor. Don't seek shelter in gyms or auditoriums. (The roof may blow off.)

In factories, move workers to the section of the plant offering greatest protection.

In homes, open north and east windows (to equalize the pressure), then keep away from all windows.

Shut off electricity and fuel lines. END

family relations may result. "I felt obligated to special my aunt," says a Minnesota R.N., "but the experience kept me emotionally upset. Relations between me and the rest of the family became strained. Many of them felt I was keeping things from them."

Some point to the financial burden which, they say, may be placed on the nurse without reason.

"I've seen cases," says a Westerner, "where nurses had to give up their jobs and then weren't paid a thing. The families could well afford to pay them, too."

A Midwesterner comments: "I was glad to care for my mother, but I wouldn't care for any of my other relatives; for I'm not financially able to give my time without salary. I doubt if they'd offer to pay me, though they all have money."

In contrast, many nurses say money is the least important consideration when a member of the immediate family needs their help. They point to the enrichment of their lives, personal and professional, that such experiences have brought them.

"I feel I'm now a better bedside nurse," says one. "I'm more sympathetic and can really understand the geriatric patient."

"I gained in spiritual insight," says another. "Before Mother died, she saw a baby smile. She talked about that small joy for days. . . . Today I cherish the sight of a robin in my yard, or the first butterfly, as I never did before."

Several of the surveyed nurses say their task was made easier by the terminal patient's deep religious faith.

"Mother's heart and mind were resigned to the fact that whatever the Lord's will for her, that was what she wanted," says an Iowa R.N. "We spoke of death frequently. She was ready to leave this world for a better one at any time. Her death was a triumphant release from suffering."

So much for the nurses' reactions. Now, how do others outside nursing view this situation? To get a cross-section of opinion, *RN*'s editors interviewed a doctor, a psychologist, a psychiatrist, and a clergyman, all noted in their fields. We asked these questions, based on comments our nurse-respondents had made:

¶ Is a nurse duty-bound ethically and professionally to care for a close relative?

No, say three of the four.

Emanuel Demby, PH.D., president of Motivation Research Associates, New York City, points out that "physicians don't handle the more complex medical problems for members of their immediate families" or for others "with whom they're emotionally involved."

Adds Harold Rosen, M.D., Associate Professor of Psychiatry at the Johns Hopkins University: "Obstetricians as a rule don't deliver their own wives and daughters. Surgeons usually don't operate on their parents. And psychiatrists certainly don't treat their own wives, sons, or daughters."

Alfred P. Ingegno, M.D., internist and medical editor of *RN*, sees one exception: "The

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legal pointer

QUESTION: *Hospital visitors often try to help a patient —many times without consulting the nurse. Should the nurse chart the care that a visitor gives (for example, that a patient's brother helped him to the bathroom)?*

ANSWER: No, in most instances. Such notations on a patient's chart may seem to indicate a lack of "due care" by the nursing staff. The exception: Care by a visitor that causes an accident *should* be recorded. (The nurse will, of course, discourage visitors from giving any care. Their simple acts cause more accidents than the more complex nursing functions carried out by R.N.s.)

DO YOU HAVE A QUESTION *about some legal aspect of nursing? If so, send it to William A. Regan,* LL.B., *care of* RN. *He'll select questions for reply on the basis of their general interest. No questions can be acknowledged or returned.*

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Dear Doctor:

Reports from our representatives indicate that many physicians would appreciate simplification for prescription-writing purposes of the names of our oral broad-spectrum antibiotics, which include Terramycin, Signemycin and Tetracyn in both the "plain" and the "COSA" dosage forms.

The "COSA" forms originated, you may recall, on the basis of clinical evidence of enhanced antibiotic absorption when glucosamine is employed in oral administration. To permit each physician individually to study this evidence and choose which form he would prefer to prescribe, we offered our oral broad-spectrum antibiotics in both forms -- that is, in the regular Terramycin, Signemycin and Tetracyn forms without glucosamine, and in the "COSA" forms with glucosamine.

This distinction appears to be no longer necessary, however, since glucosamine, a highly acceptable excipient for oral antibiotics, now is being incorporated uniformly in all such forms, thereby simplifying nomenclature and your prescription writing.

Accordingly, and effective immediately, our oral broad-spectrum drug forms, incorporating glucosamine, will be offered simply as Terramycin, Signemycin and Tetracyn, without the "COSA" prefix.

To make clear just which forms are affected, please refer to the brief tabulation on the opposite page of our oral broad-spectrum dosage forms both before and after this change. We are also requesting our representative to call on you at an early date to answer any questions that may arise.

We feel certain that this action, prompted by comments of many physicians, will simplify your writing of prescriptions for these Pfizer Laboratories oral broad-spectrum antibiotics.

We welcome your comments on this action, and on any other phase of our operations, since it is our objective to render every service as efficiently as possible to our friends in the medical profession.

Sincerely,

PFIZER LABORATORIES

NOTE: This message is currently appearing in leading medical and dental journals.

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for Pfizer broad-spectrum antibiotics
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formerly named	*now named*
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Cosa-Terrabon® Oral Suspension	Terramycin Syrup
Cosa-Terrabon Pediatric Drops	Terramycin Pediatric Drops

and simpler names for these Terramycin-containing formulations:

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Cosa-Terrastatin for Oral Suspension	Terrastatin for Oral Suspension
Cosa-Terracydin® Capsules	Terracydin® Capsules

the name now is simply... **Tetracyn®**
TETRACYCLINE WITH GLUCOSAMINE

formerly named	*now named*
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Cosa-Tetrabon® Oral Suspension	Tetracyn Syrup
Cosa-Tetrabon Pediatric Drops	Tetracyn Pediatric Drops

and simpler names for these Tetracyn-containing formulations:

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Cosa-Tetrastatin for Oral Suspension	Tetrastatin for Oral Suspension
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Cosa-Signebon Pediatric Drops	Signemycin Pediatric Drops

*Terramycin and Tetracyn Capsules without glucosamine are no longer available.

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nurse would be professionally obligated if no one else of similar competence was available. Of course, her sense of family obligation may over-rule any disinclination she may have."

The Rev. Ralph Brooks, rector of St. Andrew's Episcopal Church, Pittsburgh, believes the answer "must be qualified by considering the circumstances." He says: "It would be folly to state that the nurse is duty-bound to care for everyone in her family. But it would be wrong to say she is never bound to do so. She alone can make the decision."

¶ Is she likely to give care that's as good as a nurse would give who's not emotionally involved?

"Probably better," says Dr. Ingegno, "for her ministrations are likely to be warmer, more considerate, more self-sacrificing. There's one exception: She may give inferior care if she suffers with the patient or can't bring herself to perform the intimate nursing duties that are necessary."

Dr. Demby and Dr. Rosen say the situation is so loaded emotionally that the nurse may give inferior care—or, perhaps, suffer serious emotional upset.

Says Dr. Rosen: "Consider the nurse who boarded out her two children while she cared for her stepfather. She must have been emotionally torn apart to feel forced to sacrifice her children for him in this way. . . . One wonders if, under these circumstances, she could give good nursing care over an extended period."

On the other hand, the Rev. Mr. Brooks agrees with Dr. Ingegno. "Objectivity," he says, "isn't necessarily the highest goal in ministering to a person. Subjectivity may help us give more of ourselves."

¶ Should she charge for her services in some situations? If so, in which ones?

The psychologist and the psychiatrist say that this question is secondary to the question of whether the nurse should take the case at all. Comments Dr. Demby: "Does she expect to donate her services but, at the same time, resent the fact that 'at a time like this' she is being called upon 'to make this great sacrifice'? Does she expect to charge, yet worry because she thinks members of her family will resent this? If the answer to

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...needs a half barrel of orange juice or, to be exact, a total of 2,106 ounces in his first two years. And how much he'll need during his first twenty years would have to be measured by the truckload, because the need for the nutrients contained in Florida orange juice continues throughout life.

How our little "limey" or any patients obtain the vitamins and nutrients found in citrus fruits is important to them and to you, their nurse. There are so many wrong ways, so many substitutes and imitations for the real thing.

For a way that combines real nutrition with real pleasure, there's nothing better than the oranges and grapefruit ripened under Florida's own sunshine. And, it's *good* nutrition and makes good nursing sense to encourage people to drink the juices and eat the fruits watched over by the Florida Citrus Commission. These men set the world's highest standards of quality in fresh, frozen, canned, or cartoned citrus products.

When you suggest to your patients that they have a big glass of orange juice for breakfast, for a snack, or when they want to raid the refrigerator, the deliciousness of Florida orange juice will assure that they'll *want* to carry out your recommendation. You'll be helping them to the finest drink there is—by the glassful or the barrel.

either question is yes, she would be wise to refrain from accepting the case."

The physician and the clergyman answer the question of finances thus:

Dr. Ingegno: "This is governed by the closeness of the family relationship and whether the nurse normally helps with the support of the relative. . . . In a close relationship, it's normal to expect there will be some personal sacrifice. But this does not mean the nurse will sacrifice an irreplaceable job or provide her own out-of-pocket expenses."

The Rev. Mr. Brooks: "In many situations the nurse can, in clear conscience, 'speak the truth in love' and ask for a salary or that someone else be hired. But if relatives are poor, though they be close or distant, a nurse will want to think deeply about whom to help and whom to turn down."

¶ Is the experience of caring for such a terminal case likely to be helpful to the nurse, or depressing?

Here, Dr. Rosen declines to comment without knowing the facts of each case. "Psychiatrists," he says, "seldom see any problem in human relationships in terms of white or black only. There are grays as well."

The others qualify their answers thus:

Dr. Ingegno: "A helpful experience if the relative is one the nurse thinks much of and if she serves willingly; a depressing experience if she gives her services unwillingly, or if there's too much identification with the patient's suffering."

Dr. Demby: "She should ask herself such questions as these: Do I want the patient to die soon because I know this is a terminal case? Do I feel that my presence will increase the patient's sense of oncoming doom because, for example, he may sense my moments of depression? If she answers yes, she should avoid the case."

The Rev. Mr. Brooks: "Those who care for people don't measure their lives by whether an experience makes them happy or depressed. If a nurse is capable of ministering to a dying person she knows or loves, it would be a painful experience—but it may be her finest hour. Though I don't recommend this for full-time duty, such an experience can change a person's life." END

Fostex® treats pimples·blackheads·acne while they wash

degreases the skin
helps remove blackheads
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Patients like Fostex because it's so easy to use. Instead of using soap, they simply wash acne skin with Fostex Cream or Fostex Cake 2 to 4 times daily.

Fostex contains: Sebulytic® base (unique, penetrating, surface-active combination of soapless cleansers and wetting agents*) with remarkable antiseborrheic, keratolytic and antibacterial actions . . . enhanced by micro-pulverized sulfur 2%, salicylic acid 2% and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake. Supplied: Fostex Cake—bar form. Fostex Cream—4.5 oz. jars. Also used as a therapeutic shampoo in dandruff and oily scalp.

And . . . since continuous 24-hour drying and peeling of acne skin is essential, FOSTRIL (a new, flesh-tinted drying lotion) should be used once or twice daily in addition to Fostex therapeutic washings. Fostril® contains Liposec® (polyoxyethylene lauryl ether), a new, surface-active drying agent used for the first time in acne treatment. This agent, with 2% micropulverized sulfur and a zinc oxide, talc and bentonite base, provides Fostril with excellent drying properties. Fostril also contains 1% hexachlorophene.

Available: Fostril, 1½ oz. tubes. Fostril-HC (¼% hydrocortisone) 25 gm. tubes.

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Here they let nurses be nurses!

Continued from page 57

operate without protest. I never have to ask a visitor to leave a room any more."

"Do all of you think men are better at this job than women would be?" I asked.

All four heads nodded in agreement.

"Having a woman floor manager would be like having two women in the kitchen," Mrs. Evans explained. "We'd probably be at odds. We're glad the hospital has insisted, up to now, on high-type college graduates. We feel comfortable working with them. I don't think we would feel as comfortable with floor managers who weren't at or above our own educational level."

"We've certainly been lucky so far," Miss Gavlik added. "Since I've been here, we've had only one floor manager who didn't work out."

"What happens when problems arise between a head nurse

and a floor manager?" I asked.

"They may settle them informally," Mrs. Evans said. "Occasionally the supervisor and I are called in as arbitrators. But such difficulties seldom occur; for the floor manager and two head nurses hold a weekly meeting. There they iron out any problems that have come up."

"Do you have any recurring problems?"

"There's one," said Mrs. Evans. "Staff nurses sometimes go directly to the floor manager without funneling their requests through the head nurse. This can cause duplication and wasted effort. But our nurses are getting used to using the proper channels."

"The weekly meetings help get this across," Mrs. Covert added. "Personally, I couldn't be more sold on the program. Before we had a floor manager, it seemed to me I spent half my time on the phone, trying to get extra sheets from the laundry! In the past year I haven't called the laundry more than twice."

"One more question," I said. "Has the floor-manager system made it possible for you to reduce your nursing staff and still give equivalent care?"

"Certainly not!" Mrs. Evans said, emphatically. "Right now we have seventy-nine full-time and eighty-eight part-time nurses for 240 beds. We're better staffed than many hospitals our size that don't have floor managers. The purpose of our plan is *not* to replace nurses with managers but to free nurses to give *more* and *better* nursing care. Our managers are happy to take charge of nonnursing functions. We R.N.s are equally happy to devote *all* our energies to being nurses." END

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When your patient has hepatitis

Continued from page 76

so the degree of jaundice is *not* a measure of progress.)

The nurse wisely checks the patient's weight every other day. Most patients lose ten to twenty pounds during their illness. A greater loss may indicate that caloric intake isn't adequate.

In my opinion, improvement in the patient's mood and a decrease in the size and tenderness of the liver are the best indices for permitting the patient to get up. First he sits in a chair for an hour or two daily. Then he remains up for longer periods until he may safely be discharged. During this time he may become discouraged because he feels so weak. The nurse can help ease him through this phase. Also, she can be alert to prevent him from overtaxing himself, for this could bring a relapse.

The period of convalescence varies with each patient. It may last as long as a year. The nurse can prepare the patient and his family for this possibility by forewarning them and by emphasizing the importance of patience and of carrying out the doctor's orders.

Men usually recover more rapidly than women, and with fewer after-effects. Women (and some men) may develop a post-hepatitis syndrome in which many of the old symptoms reappear. In women, menstrual disturbances are common. The patient may have irregular periods, severe dysmenorrhea, and headaches that don't respond to analgesics. Other symp-

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toms of estrogen imbalance may occur—for instance, the hair may not curl or take a permanent, and there may be breast engorgement. Most distressing of all, a woman may suffer uncontrollable emotional outbursts. (Here's something interesting: Following several hepatitis epidemics in the past, the number of divorces increased.)

Obviously, hepatitis can be a trying experience for the patient, his family, and his friends. So it's not surprising that misconceptions about it are common. For example, some people believe that if they get "liver disease" they'll never recover completely. They think that, like some alcoholics, they'll die early in life. Also, some women of child-bearing age think there's a connection between hepatitis and the jaundice that newborns commonly have.

The alert nurse can correct such misconceptions, teach the *facts* about hepatitis, and thus reassure her patients. This is most important, for hepatitis is a perplexing illness. While a patient is struggling to recover from its effects physically and emotionally, he needs all the understanding and support the nurse and the doctor can give him. END

VD: the scourge that's still with us

Continued from page 52

a doctor.* She can also encourage the patient to talk with an investigator, emphasizing that the interview will be completely confidential.

"And she can urge the doctor to report VD cases. The nurse has a new selling point here: States cooperating in the Federal Government's VD program now use simplified reporting forms that are quick to complete.

"If she's alert to VD clues, the nurse in the doctor's office can help by calling the doctor's attention to certain revealing histories. The nurse in industry who helps with many routine physicals may hear a patient mention antibiotics he's had recently or describe past experiences with shots—which may have been for syphilis.

"The nurse who's in industry, public health, school work, or private duty often visits the home. She finds families that

* For a list of symptoms and treatment of syphilis and gonorrhea, send stamped, self-addressed envelope to Box D, Readers' Service, *RN*, Oradell, N.J.

want information about sex-related problems, including VD. If she makes a point of discussing these problems she'll do more good for these families than any legislation can do.

"The school nurse can alert school officials to the VD threat. She needn't be a Carry Nation and thus jeopardize her usefulness. But, with approval of her superiors, she can talk to supportive groups such as the P.-T.A. She can encourage them to take the story to others in positions of influence (such as town officials). Once these groups are in favor of a VD educational program in school or community or both, the leadership can launch such a program with confidence.

"Finally, every nurse can support proposed state and national legislation that promises better VD control. She can get her professional organizations to testify in favor of sound proposals when legislative committees are holding public hearings. . . . If even a part of our half-million R.N.s do these things, their combined influence will be tremendous!" END

Announcing the 1961

RN AWARDS

for original articles written by registered nurses

$150 for the one article adjudged the best of those submitted

up to **$100** for all other articles found acceptable for publication

You may write on *any* subject—preferably from your *own experience*—that you feel other nurses would like to read about. Looking through past issues of *RN* will help you get ideas. Examples of such ideas:

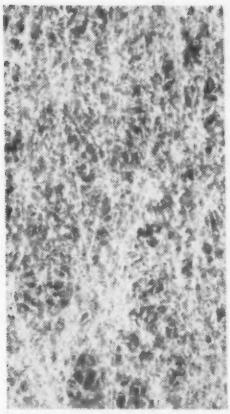
- ¶ How you (or a nurse you know) have successfully coped with a personal problem related, for example, to your pay or your professional advancement or your working conditions;
- ¶ A nursing technique or method you've learned that other nurses would find helpful;
- ¶ Some unusual and worthwhile step your local (or other) nurses' group has taken to help the nursing profession;
- ¶ An experience with a patient that inspired you or taught you something;
- ¶ What it's like to work in a particular nursing specialty or to nurse in an unusual situation.

Your article will have the best chance of winning an Award (a) if it's chock-full of *specific examples, cases, anecdotes, and experiences;* (b) if it refrains from preaching or lecturing to the reader; (c) if it's written conversationally and simply yet colorfully; (d) if it keeps within 1,500 words.

• • •

Entries must be postmarked no later than September 30, 1961, and addressed to Awards Editor, *RN*, Oradell, N.J. Manuscripts should be typed, double-spaced, on one side of the paper, and accompanied by a self-addressed, stamped envelope.

All manuscripts will be acknowledged, but those rejected may or may not be returned until after the close of the contest. *RN*'s editors will be the judges; their decisions will be final.



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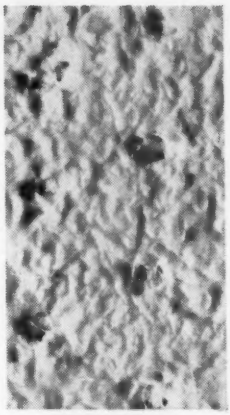

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In contrast, conventional, non-porous tape has a thick layer of adhesive which forms an occlusive barrier that plugs the widely spaced perforations, entraps hairs and contains potentially irritating natural rubbers and resins.

TAKE A CLOSE LOOK AT A TOTALLY NEW CONCEPT IN SURGICAL ADHESIVE TAPE

Over three years in development, "SCOTCH" Brand Surgical Tape dramatically answers the traditional problems of ordinary adhesive tape, as established by clinical test in more than 1000 cases. (Golden, T., A Non-Irritating, Multipurpose Surgical Adhesive Tape, Am. J. Surg. 100: 789, 1960.) **Non-occlusive:** prevents usual maceration. Cool, lightweight, comfortable. Easy to tear, handle, apply. **Physiologically inert:** Virtually eliminates chemical irritation, even in markedly tape-sensitive patients. **Easily removed:** Thin, non-creeping copolymer adhesive removes without depilation, yet outholds all previous tapes. Sticks even in baths; requires fewer changes. **Available now:** order through your surgical supply dealer or pharmacy in usual widths, ½" to 3", 10-yard rolls.

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WHAT'S NEW IN *Drugs*

Claims made here for new drug products are claims made by the manufacturers of those products and reported in this column as a service to readers. RN *itself makes no product claims. For complete information on indications, dosage, side effects, etc., see the manufacturer's directions for each product.*

Double-barreled mental drug: Amitriptyline (*Elavil*), a powerful new psychiatric aid, combines tranquilizing and antidepressant actions. Injected intramuscularly, it quickly relaxes depressed patients who are also anxious and agitated. Given orally for several weeks, it helps lift depressive symptoms.

Some psychiatrists now give it in place of electroshock therapy, especially when patients are elderly and have brain damage or heart disease. But they still give shock treatment to suicidal patients to tide them over until amitriptyline starts producing its desirable effects.

Potent synthetic steroids: **Beta**methasone (*Celestone*) and par-

amethasone *(Haldrone)* show promise in treating many allergic and inflammatory conditions. Both have a more powerful anti-inflammatory action than most other drugs of this class. Celestone actually increases renal excretion of sodium, instead of holding the mineral in the tissues. Haldrone, too, rarely causes edema.

Despite their relative safety and effectiveness, they're capable (like other steroids) of causing serious metabolic imbalance. So they're administered carefully.

For dieters: A new appetite-suppressant called phendimetrazine (*Plegine*) helps obese patients lose weight without causing undue cardiovascular or nervous-system effects. It isn't recommended for agitated persons or those with high blood pressure or coronary disease.

Bacilli for vaginitis: A pure strain of the Döderlein bacillus, an organism normally found in the vaginal tract, is contained in the new product *Dödercil.* When instilled in the tract, these living organisms reestablish bacterial balance that has been changed by antibiotic therapy or overwhelming infection. So normal vaginal acidity is restored. The product relieves signs and symptoms of trichomoniasis, moniliasis, and other infections.

—MORTON J. RODMAN, PH.D.

Enzymes used as therapeutic agents

Continued from page 70

unsatisfactory; for the body's tissue-cement substance, hyaluronic acid, slows down the spread of fluids through the subcutaneous connective tissues. Enter, hyaluronidase. Adding it to the clysis softens the tissue-binding substance and lets the fluid spread faster and farther.

Dissolving blood-vessel clots: This is another specific enzyme use that seems to offer much promise.

Fibrinolysin (Actase, Thrombolysin), an enzyme prepared from a fraction of human blood, is used (together with anticoagulant therapy) in thrombophlebitis to speed the breakdown of venous thrombi and reduce local pain and swelling. It's also being tried experimentally against arterial clots of the kind that plug coronary and cerebral vessels and bring on heart attacks and strokes. Unfortunately, it often causes fever and other foreign-protein reactions.

So it's not recommended for critically ill patients.

Just what lies ahead?

Some scientists predict that enzymes will one day be synthesized and used to treat patients suffering from many diseases and disorders caused by deficient enzyme production. The medical advances of the "enzyme era" that's just beginning may, they say, dwarf the accomplishments of the present antibiotic-hormone age. END

R.N.s to the astronauts: space nursing pioneers

Continued from page 43

scrambled eggs, white toast, butter, grape jelly, and coffee with sugar.

"The astronauts eat in a quiet, air-conditioned dining room. This environment promotes good digestion. Shirley and I helped to furnish the room. We planned it to create a homelike atmosphere."

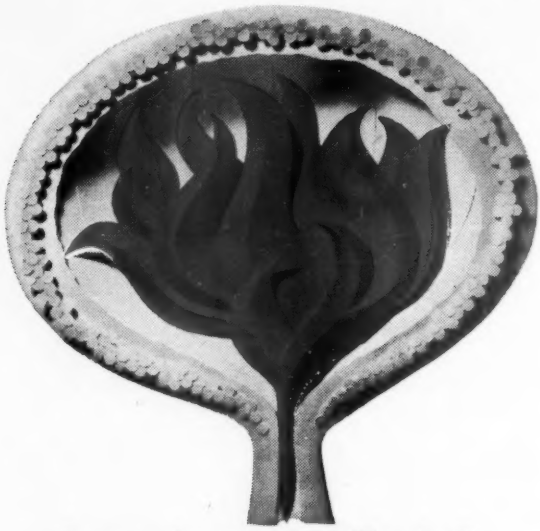
Shirley broke in: "We'll have to show you the dining room and the model kitchen."

"Yes," agreed Dee. "The kitchen was one of Shirley's projects. She likes the automatic dishwasher! But to get back to pre-launch activities: In the afternoon, we attended more pre-mission sessions; then there was a free period. The two astronauts retired at 10 P.M. I wrote my reports, checked the breakfast preparations, and read until 1:15 A.M., when Commander Shepard awoke. After he had eaten, Dr. Douglas taped on the sensors that would relay heart and respiratory rates and body temperature to the control center. A soft-rubber rectal thermometer was used to send back the temperature.

"Finally, our astronaut put on his pressure suit and prepared to go to the launching site. There were no sentimental good-bys; but I'm sure he knew we were with him all the way. During the countdown, I joined Shirley at the forward medical station. If anything had gone wrong, I would have been the intensive-care nurse.

"As you know, everything went like clockwork. All of us were delighted. I flew to Grand Bahama Island with Dr. Douglas to help with the debriefing physicals and lab work. Another Air Force nurse, Maj. Betty Wilson, was also on the debriefing team. I got back to my quarters fifty-six hours after reporting for duty. As you can understand, Shirley and I will remember that first launch for a long time."

"The second one, too!" said Shirley Sineath. "We were just as concerned about Capt. Virgil Grissom. We hope all the launches will be as successful as were the first two." END



in acute, uncomplicated urinary tract infections... effective low dose therapy with FURADANTIN® 50 mg. q.i.d.

brand of nitrofurantoin

In acute infections of the urinary tract involving gram-negative organisms (predominantly coli-aerogenes group), Welling and colleagues[1] found that patients responded clinically to FURADANTIN 50 mg. q.i.d. "as readily as to 100 mg. dosage." Particularly with moderate fluid restriction, Thompson and Amar[2] consider that 50 mg. FURADANTIN tablets provide "urine concentrations sufficient to clear the majority of acute uncomplicated infections"—and with "complete obviation of nausea." Lippman et al.[3] also reported minimal side effects with FURADANTIN 50 mg. q.i.d. in prolonged prophylactic use.

Patients who do not respond to FURADANTIN 50 mg. q.i.d. after 2 or 3 days should be given an increased dosage—FURADANTIN 100 mg. q.i.d. Patients with complicated, chronic or refractory urinary tract infections should receive FURADANTIN 100 mg. q.i.d. from the outset. FURADANTIN is available in *Tablets* of 50 mg. and 100 mg., and in an *Oral Suspension* containing 25 mg. of FURADANTIN per 5 cc. teaspoonful.

REFERENCES: 1. Welling, A.; Watkins, W. W., and Raines, S. L.: J. Urol. *77*:773, 1957. 2. Thompson, I. A., and Amar, A. D.: J. Urol. *82*:387, 1959. 3. Lippman, R. W.; Wrobel, C. J.; Rees, R., and Hoyt, R.: J. Urol. *80*:77, 1958.

EATON LABORATORIES, Division of The Norwich Pharmacal Company, NORWICH, N. Y.

RN positions

ADMINISTRATIVE NURSES: (a) Nurse adm. 75 bed hsp. N. Y. $8000; (b) Dir. School, Service 200 bed hsp. M. W. univ. city, $8-$10,000; (c) Dir. all grad. nurse staff; 90 bed hsp. So. Calif.; $7500; (d) Univ. College nursing instructor med-surg; M. W. $666 mo. (e) Adm. Operating Suite, large So. Calif. hsp. $9000; RN 9-1, Burneice Larson, 900 N. Michigan Ave., Chicago 11, Ill.

ANESTHETIST: For 209 bed general hospital in resort area, Northwestern Pennsylvania, town of 18,000. T. McFarland, Chief Anesthetist, Bradford Hospital, Bradford, Pa.

ANESTHETIST: Nurse for accredited 189-bed hospital to work with 4 anesthesiologists, infrequent night calls. Salary dependent upon qualifications & experience. Write Dr. Benjamin Cohen, Mount Sinai Hospital, 500 Blue Hills Ave., Hartford 12, Conn.

ANESTHETIST NURSES: The Albany Medical Center School for Nurse Anesthetists, associated with Albany Medical Center Dept. of Anesthesiology, offers an 18 month course of training for registered nurses. Course begins each Sept. 1. Accredited by the AANA G.I. approval full maintenance throughout plus progressive stipend after 3 mos. For information write Miss Florence M. Maleck C.R.N.A. Albany, N. Y.

ANESTHETISTS: (a) Free lance near San Francisco, 100 bed hsp. full coverage; (b) Sole responsibility 70 bed hsp. Tex. begin $9000; (c) Hawaii, plantation hsp. near Honolulu; $6000 apt. avail. (d) Male or female, Florida seacoast resort; 350 beds; $6000 plus call fees; RN 9-2, Burneice Larson, 900 N. Michigan Ave., Chicago 11, Ill.

ASSISTANT DIRECTOR OF NURSING EDUCATION: Instructor, Medical-Surgical Nursing, B.S. degree required. Opportunity to experiment in curriculum development & methods of teaching. Diploma school, 70 students, 325-bed hospital expanding to 375, new dormitory & educational building opens this fall. Salary based on education & experience, maintenance in new dormitory available. For further information write Director of Nursing Education, The Memorial Hospital, Danville, Va.

ASSISTANT NURSING INSTRUCTOR-OBSTETRIC NURSING: Newly created position, Formal & Clinical Teaching, NLN full accreditation, 1 class yearly or approximately 40 students. B.S. degree & teaching experience required. Liberal personnel policies, salary based upon background, no nursing service responsibilities, 500 bed hospital, direct transportation to NYC in 35 minutes. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N. J.

ATTRACTIVE OPPORTUNITIES: Get away from fog, smog, and crowded industrial areas. Come to Wonderful Wyo. 340 days sunshine and fresh air in year-round recreation and resort area. Position vacancies all shifts and services. 200 bed JCAH Hospital, State capitol and growing medical center of Wyo. Home of Famous Frontier Days and SAC Air Force Base, 50,000 population, Metropolitan Denver 2 hr. drive from Cheyenne. Excellent personnel policies; 40 hr. wk., 2-3 wk. vac., sk. lv., 7 pd. holidays, new Nurse residence only $43 room & board. Excellent housing facilities 10 mins. from Hosp. Starting salaries $320 day, $345 eve., $335 night, $335 surgery, no rotation. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

ATTRACTIVE OVERSEAS OPPORTUNITIES: (a) Dir. Nurses, 250 bed med. otr.; develop PN program native nurses; mountain city, Asia, $8000 plus; (b) Public Health nurses; Nurse Instructors; openings interior Asia, Africa, tropics South Pacific; work with natives and Americans $5-$10,000, plus; RN 9-3, Burneice Larson, 900 N. Michigan Ave., Chicago 11, Ill.

CALIFORNIA OPPORTUNITY: Surgery & General Duty R.N.'s near coast in Southern Calif., 96 bed J.C.A.H. approved Community Hosp. Please contact Mrs. Viola Anderson, Director of Nursing Service, Torrance Memorial Hosp. 1425 Engracia Ave., Torrance, Calif.

CALIF. REGISTERED NURSES: Needed for staff duty in JCAH, 428-bed hospital. Good benefits & salary. Personnel Director, Hospital Good Samaritan, 1212 Shatto St., Los Angeles 17, Calif.

CLINICAL INSTRUCTORS: In the residential area adjacent to Chicago, minutes from loop shopping area & Universities. Liberal personnel policies, salary depending on qualifications, 400 bed JCAH accredited general hospital. School accredited by NLN. To coordinate student learning experiences in Medical & Surgical Nursing. Bachelor's degree in Nursing Education & some experience in teaching required. Apply Director of Nursing, West Suburban Hospital, Oak Park, Ill.

CLINICAL INSTRUCTORS: Medical Surgical nursing. Obstetrics & Psychiatry. 525 bed hospital, 170 students, degree & experience required, salary commensurate with qualifications. Apply Director of Nursing, Missouri Baptist Hospital, 919 North Taylor Ave., St. Louis 8, Mo.

CLINICAL INSTRUCTORS: Obstetrics, Pediatrics & Medical nursing. 450-bed modern general hospital with separate building for

obstetrics. Diploma program with 200 students in NLN fully accredited school. B.S. degree required & experience desired. Liberal personnel policies, located in Northwest, near skiing & ocean. Apply Director, School of Nursing, Good Samaritan Hospital, Portland 10, Ore.

DELIVERY ROOM NURSES: For modern 189 bed J.C.A.H. accredited hospital approximately 100 miles from New York & Boston, Mass. Unit air-conditioned throughout, good personnel policies, 40 hr. wk. Please write Director of Nursing, Mount Sinai Hospital, Hartford, Conn.

DIRECTOR OF NURSING SERVICE: For a 152 bed Methodist affiliated hospital with a small but expanding student nurse diploma school. There will be no responsibility in nursing education other than coordination with the director of the school of nursing. Hospital has recently built a new addition and the rest of the hospital almost completely remodeled. Good salary, usual personnel policies, prosperous & growing community. Apply Administrator, Grace Hospital, Hutchinson, Kans.

FORT MYERS, FLA: "The City of Palms", Nation's fastest growing area. Yearly average temperature 72°. R.N.'s & L.P.N.'s, 40-hr. wk., good pay & extra benefits. Write Director of Nursing, Lee Memorial Hospital.

FORT MYERS, FLA.: "The City of Palms." R.N.'s general duty in hospital serving Negro patients. Minimum salary $300 per mo., shift bonus, 40-hr. wk., 8-hr. day, 6 holidays a yr., Blue Cross Hospitalization, & other fringe benefits. Director of Nursing, Jones-Walker Hospital, Fort Myers, Fla.

GENERAL DUTY & PSYCHIATRIC NURSES: $431-$471 per mo., new 500 bed general hospital opening this yr., plus large psychiatric division on grounds in suburban Detroit, good personnel policies, including up to 15 days vacation and 11 pd. holidays. Apply Director of Nursing (either General or Psychiatric) Wayne County General Hospital, Eloise, Mich.

GENERAL DUTY NURSES: 400 bed fully accredited County Hospital located 2 hrs. drive from San Francisco, ocean beaches, & mountain resorts in modern & progressive city of 35,000, 40 hr. 5 day wk., pd. vacation, pd. holidays, pd. sk. lv., retirement plan, social security, & insurance plan. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge, $376 mo. start, plus shift & service differentials. Must be eligible for Calif. registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, Calif.

GENERAL DUTY NURSES: Resort area in High Sierras, J.C.H.A. accredited, 31 bed hospital. Write or call Administrator, Northern Inyo Hospital, Bishop, California—UPton 3-3594.

GENERAL DUTY NURSES: For 72 bed hospital located in college town in mountainous portion of Colo. Salary $350 per mo. with periodic increases, fringe benefits including meals, sk. lv., vacation, etc. Contact Superintendent, Alamosa Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: 84 bed hospital, finest equipment, 40 hr. wk., very liberal personnel policies, pleasant working environment, rotating shifts, salary range $337.99 to $457.59 mo., $20 evening and night differential. Atomic Energy Project, not civil service. Write Director of Nurses, Los Alamos Medical Center, Los Alamos, N. M.

GENERAL DUTY NURSES: 135 bed hospital on San Francisco Bay. Rooms available. Opportunity for advanced education in the area. Salary range—monthly—$345 to $390. $20 shift differential, $10 added for experience OB and OR. Director of Nurses, Alameda Hospital, 2070 Clinton Ave., Alameda, Calif.

GENERAL DUTY, OBSTETRIC, & PEDIATRIC NURSES: 160 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $380 for days, $410 for evenings, $400 for nights, 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bed rms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY STAFF NURSES: Central California, at large general hospital, excellent in-service education program, liberal personnel policies, shift differential O.A.S.I. & retirement plan, start $376 per mo., merit increases to $433. Apply Personnel Director, 530 Courthouse, Stockton, Calif.

GENERAL STAFF NURSES: Immediate openings on 3-11 & 11-7 shifts in 92-bed general hospital near San Francisco. Starting salary $363 plus $20 for 3-11 & 11-7 shifts. Liberal fringe benefits. Rooms available in Nurses' residence at $20 per mo. Apply Director of Nursing Service, Pittsburg, Community Hospital, 550 School St., Pittsburg, Calif.

GRADUATE NURSE: Well qualified to direct a brand new modern pediatric unit of 36 patients. Will also teach pediatric nursing to small good student body, pleasant cooperative staff. Master's degree preferred, baccalaureate degree acceptable. Apply Personnel Office, New Rochelle Hospital, New Rochelle, New York.

GRADUATE NURSES: Positions available in a progressive children's hospital for nurses who enjoy working with children. Must be eligible for registration in Ohio. Excellent starting salary & other advantages. Apply to Director of Nursing, The Children's Hospital, Cincinnati 29, Ohio.

GRADUATE NURSES: Opening of new main building has created attractive positions for staff nurses in medical, surg., obstetric and pediatric divisions of 450 bed non-sectarian acute general hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Apartments available in immediate neighborhood. Apply Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 E. 105th St., Cleveland 6, Ohio.

GRADUATE NURSES: For a 60 bed general hospital in a growing frontier community. Start-salary $325 per mo. for 40 hr. 5 day wk. On duty meals and uniform laundry furnished. 6 holidays per yr., and up to 12 days per yr. sk. lv., 2 wks. pd. vacation, low cost modern residency for single girls. Southwest Memorial Hospital, 925 So. Broadway, Cortez, Colo.

GRADUATE NURSES: For general duty, 75 bed general hospital, new air-conditioned, with modern equipment. Beginning salary $275 a mo. with differential for eve. and night duty and operating room nursing. Good personnel policies, 5 day, 40 hr. wk., vacation, pd. sick lv., holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, San-

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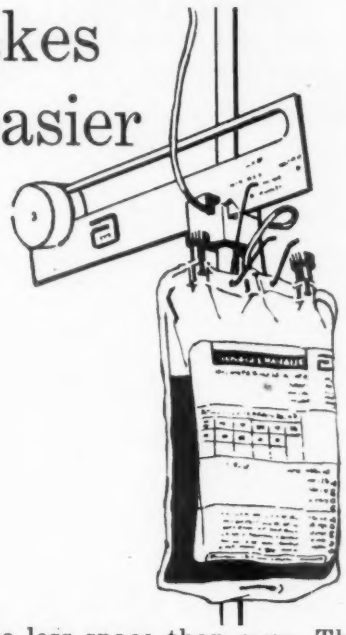

Like all good blood bags, Pliapak is compact, flexible, non-wettable, and virtually free of air embolism. But Pliapak now offers these added values:

A 16-gauge thinwall needle gives the inside flow rate of a 15-gauge, but the easy venipuncture of a 16. An *extra-long collection set* (40 inches) provides more leeway for suspending, knotting, and cross-match sampling. *Imbedded protective hoods* offer easy access to the filled bag, with visual evidence that the outlets are sterile. *A roomy new label* gives you better space and organization for recording data.

Moreover, the Pliapak has now been built tougher and tighter, by use of heavier plastic walls. The tubing is changed, too, to a more flexible type; it makes white-tight knots easier to tie, and can also readily be sealed with mechanical or dielectric crimping.

Pliapaks are now supplied in convenient "flat packs"—four to the pack. They stack neatly, and take less space than ever. The pack consists of a triple laminated envelope: an outer layer of tough kraft, a center layer of aluminum foil, an inner layer of polyethylene film. Inside, each of the four Pliapaks is individually sealed in its own polyethylene pouch. Unused Pliapaks may be held in these sealed inner pouches for 40 days after the outer envelope has been opened.

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GRADUATE STAFF NURSES: 151 bed hospital, school of nursing, near Atlantic Ocean. Annual salary $3600, evening bonus $240, night bonus $360. Apply Director of Nursing, Southhampton Hosp., Southampton, N. Y.

GRADUATE STAFF NURSES: Opportunities for men and women on all services including Psychiatry and Operating room. Well planned orientation and in-service training programs, tuition free courses at Western Reserve University, low cost housing in nurses' residence. Write for University Hospitals booklet "New Horizons in Nursing". Salary range staff nurses, $355 to $390, head nurses, $388 to $453, many fringe benefits. For more information write to Director of Nursing Service, University Hospitals of Cleveland, University Circle, Cleveland 6, Ohio.

GRADUATES: Mercy College of Anesthesiology offers an 18 mo. AANA approved course to graduates of accredited schools of nursing. Write: Director, Anesthesia Dept., Mount Carmel Mercy Hospital, Detroit 35, Mich.

HEAD NURSES: Medical, surgical & orthopedic departments, evening & night shifts, 450 bed general hospital, liberal personnel policies. Contact Director of Nursing, Good Samaritan Hospital, Portland 10, Ore.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy & old-fashioned warm care of patients with cancer & allied diseases. Teaching & research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated in-service education; access all NYC educational programs. Good basic preparation required; learn specialty here where patients receive active surgical-medical-radiation therapy. Not a chronic disease hospital. Staff Nurses, day $379-$469 mo., evening $434-$524, night $423-$513, 4 wk. vacation, 1½ pay for overtime, Blue Cross pd., uniforms laundered, minimum rotation, furnished apartments available through Housing Agent. New 20 story apartment house overlooking East River opens April 1962. Suture Nurses: base salary plus ½ pay for on-call. Mary Connolly, R.N., Director of Nursing, Memorial Hospital, Memorial-Sloan-Kettering Cancer Center, 444 E. 68th St., New York 21, N. Y.

INSTRUCTOR: Immediate & urgent need for Instructor of Maternal & Child Health Nursing in a 3-yr. diploma program, 60 students, N.L.N. accredited, 184 bed hospital. Bachelor's degree & experience in obstetrical nursing required. Apply to Director of Nurses, Helene Fuld Hospital, Trenton, N. J.

INSTRUCTOR: Psychiatric in a fully accredited 225 bed private psychiatric teaching hospital located in the Greater Baltimore area. An opportunity is available to a graduate nurse with a bachelors degree who would like to teach under expert guidance. Preference will be given to applicants who have had experience in caring for psychiatric patients. When inquiring, please send brief account of professional experience to Miss Theresa G. Muller, Director of Nurses, Box 6815, Towson 4, Md.

MEDICAL AND SURGICAL CLINICAL INSTRUCTOR: Diploma school affiliated with Community College. B.S. degree and teaching experience required. Good personnel policies. JCAH accredited 210 bed general hospital. Apply Director of Nursing, White Plains Hospital, White Plains, N. Y., Telephone WH 9-4500, Ext. 255.

MEDICAL-SURGICAL SUPERVISOR: Ad-

ministrative. 500 bed voluntary hospital. Degree & satisfactory experience required. Salary dependent on education & experience, liberal personnel policies, direct transportation to NYC in 35 minutes. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N. J.

NURSE ANESTHETIST: 40-bed hospital, college town, resort area. Excellent personnel policy, retirement plans. Share call with another nurse anesthetist. Prefer individual who would be interested in learning Hospital Administration. Contact R. Houfek, Administrator, Ripon Municipal Hosp., Ripon, Wis.

NURSE ANESTHETIST: For 100 bed general hospital to complete staff of 3. New, modern, air-conditioned hospital located in Midwest University town, salary open, dependent on qualifications & experience. Write Jack Edmundson, Administrator, Doctors Hospital, Carbondale, Ill.

NURSE ANESTHETIST: Salary open. Preston L. Powell, Administrator, North Big Horn Hospital, Lovell, Wyoming.

NURSE ANESTHETIST, MALE or FEMALE: To join anesthesiologist & nurses, must be fully experienced, good salary & fringe benefits. Apply Personnel Director, Mercer Hospital, 446 Bellevue Ave., Trenton, N. J.

NURSES: RN full or part time, no PH experience necessary. Apply Central Bergen County Visiting Nurse Service, 329 River St., Hackensack, N. J. HU-7-0707.

NURSES: Registered for operating &/or delivery room, floor duty, 7-3 & 3-11 shifts, good starting salary & personnel policies. Living in accommodations, Midway between Atlantic City & Philadelphia, 65 bed hospital. Write A. Zukon, Elmer Community Hospital, Elmer, N. J.

NURSES: For new 75 bed general non-profit hospital. Resort area. Contact Administrator, South Coast Community Hospital, South Laguna, Calif. HYatt 4-8501.

NURSES: Live in the Land of Enchantment where opportunities are awaiting you. Have opening for obstetrical and general duty RNs in accredited hosp. which is situated in a growing and thriving community with ideal climate. Salary range $300-400 mo. for 44 hr. duty. Liberal personnel policies. Sick lv. plan with 6 holidays per yr. Also we pay differential of $10 extra PMs. If interested please contact Administrator, Clovis Memorial Hospital, Clovis, N. Mex.

NURSES: General duty, 236 bed hospital, 30 mi. from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N. J.

NURSES—OR INSTRUCTOR & MEDICAL-SURGICAL-CLINICAL INSTRUCTOR: In a unique program. N. Y. C. hospital, 3-5 yrs. experience, B.S. required. Box #PH-2, c/o RN Magazine, Oradell, N. J.

NURSES REGISTERED: For all shifts, starting salary $400 with differential 3 to 11 p.m. & nights, room & board available, Blue Cross & Blue Shield, good vacation policy, pd. holidays & sk. lv., scholarship fund available. Franklin Boulevard Community Hospital, 3240 W. Franklin Blvd., Chicago 24, Ill. Mrs. Karamski, SA 2-3020.

NURSES STAFF: Opportunities in all areas in modern 200 bed hospital 45 minutes from New York City. Apartment type nurse's residence situated on 64 acres in the heart of historic Sleepy Hollow Country. Progressive

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personnel policies, rotating shifts-bonus for evenings and nights. Apply Director of Nursing, Phelps Memorial Hospital, No. Tarrytown, N. Y.

NURSING INSTRUCTOR-OBSTETRICAL NURSING: Newly created position, formal & clinical teaching, NLN full accreditation, 1 class yearly of approximately 40 students. B.S. degree & teaching experience required, liberal personnel policies, salary based upon background, no nursing service responsibilities, 500 bed hospital, direct transportation to NYC in 35 minutes. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N. J.

OBSTETRIC NURSES: Labor & delivery room experience, also general staff nurses. Accredited general hospital, 114 beds, 40 hr. wk., $345-$400 per mo., differential for eve. & nights. California registration required. Inquire Director, Nursing Service, Palm Harbor General Hospital, 12860 Palm St., Garden Grove, Calif.

OBSTETRICAL SUPERVISOR: Responsible for supervision of 76 bed unit-over 3600 births-year & teaching program for nursing students. Degree &/or satisfactory experience. Salary commensurate with qualifications. Liberal personnel policies. Direct transportation of NYC in 35 minutes. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N. J.

OPERATING ROOM & GENERAL DUTY NURSES: New, modern, well-equipped 63-bed hospital located in scenic horse country of Virginia. All advantages of country living, yet only 45 minutes out of Washington. Liberal salary, good personnel policies. Apply Administrator, The Fauquier Hospital, Warrenton, Va.

OR AND GENERAL DUTY NURSES: New 65 bed hospital, College town, to be opened early 1961. Contact Director of Nurses, Hillcrest General Hospital, Silver City, N. M.

OR & STAFF NURSING: Active 100 bed children's medical center. University affiliation. Good personnel policies. Apply Director of Nursing, St. Christopher's Hospital for Children, 2600 N. Lawrence St., Philadelphia 33, Pa. Telephone GA 6-5600.

OPERATING ROOM NURSE: Modern air-conditioned 53 bed hospital, small town, 35 miles from New York City, fringe benefits, pension plan, Social Security, Blue Cross, attractive nurses' residence. Write to Tuxedo Memorial Hospital, Tuxedo Park, N. Y.

OPERATING ROOM NURSE: Wanted for 272-bed general hospital. Must have OR experience. Complete, new, modern operating area consisting of 6 operating rooms, air-conditioned with the latest modern equipment, plus 14-bed recovery room & central sterilizing. Excellent salary with one of the finest nurses' personnel policies. Beautiful nurses' home with all private rooms nicely furnished. If interested, write or apply Dover General Hospital, Dover, N. J., c/o C. T. Barker, Director.

OPERATING ROOM NURSES: Performing all types of surgery; Medical Center of Southern Wyo. Excellent personnel policies; 40 hr. wk., 2-3 wk. vac., sk. lv., 7 pd. holidays. Nurse Residence only $43 room & bd. Starting salary $335 mo. Apply Dir. of Nursing Memorial Hospital, Cheyenne, Wyo.

OPERATING ROOM NURSES: To meet challenging opportunity in busy 10 suite operating room service with recovery room adjacent, all air-conditioned. In Chicago suburb, 20 min. to Loop. Near cultural entertain-

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OPERATING ROOM NURSES: New air-conditioned suite, 50 bed accredited hospital. Opportunity to advance, salary $350 to $400 per mo., 40 hr. wk. Apply Administrator, Crawford County Memorial Hospital, Denison, Iowa.

OPERATING ROOM NURSES: 160 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $390 for days, $420 for evenings, 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

O.R. SUPERVISOR: For 146 bed general hosp. located in central N. J., good personnel policies, salary commensurate with education & experience. Write Director of Nursing, Paul Kimball Hospital, Lakewood, N. J.

OPERATING ROOM SUPERVISOR: Position available for Operating Room Supervisor in The Methodist Hospital, Texas Medical Center, Houston, Tex. Salary commensurate with experience & education. Previous experience necessary in large general hospital. Generous employee benefits. Contact the Director of Personnel.

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PEDIATRIC STAFF NURSES: For active 225-bed teaching and research children's hospital. Salaries commensurate with prevailing current salaries for nurses in Metropolitan Washington. Low cost housing in nurses' residence. Apply Director of Nursing, Children's Hospital, 2125 13th St. N.W., Washington 9, D. C.

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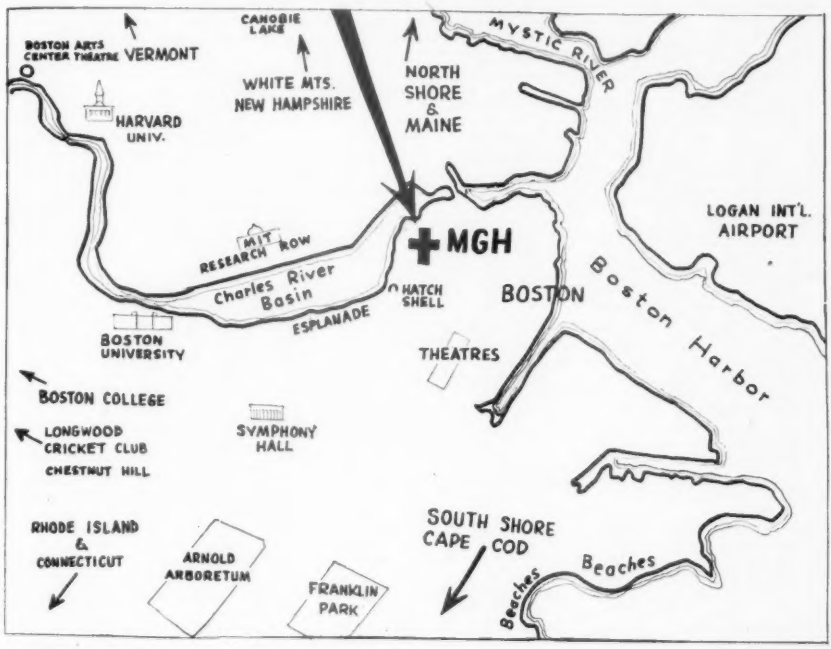

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REGISTERED NURSES: Male & female, suburban hospital 30 miles from New York City, beginning salary $4620, per annum, all shifts & services including operating room, recovery room, obstetrics & Psychiatry, 40 hr. wk., 11 pd. holidays, 30 days vacation, pension plan & social security, hospitalization plan, free laundering of uniforms, minimal maintenance charge for living in modern nurses residence, opportunity for advancement, 675 bed county teaching hospital. Apply Director of Nursing, Meadowbrook Hospital, Box 108, Hempstead, N. Y.

REGISTERED NURSES: Wanted all shifts in 100 bed accredited hospital in Central Florida, near Gulf Beaches. Liberal personnel policies, social security, general duty starting salary $280 per mo. Contact Director of Nursing, South Florida Baptist Hospital, Plant City, Fla.

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nurses, 5 day, 40 hr. wk., social security & retirement plan; pd. health plan, 2 wks. vacation yearly, 12 sk. days yearly. U. S. Citizenship & eligibility for Calif. registration as a nurse required. For further information write Director of Nursing, Santa Clara County Hospital, San Jose, Calif.

REGISTERED NURSES: The Silver State beckons you. General duty, operating room & psychiatric. Expanding 286 bed hospital. Salary range $350 to $450 per mo. Liberal benefits incl. retirement plan. If interested in temporary or permanent employment apply Personnel Director, Washoe Medical Center, Reno, Nev.

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REGISTERED NURSES: General duty for small, new general hospital on Hoopa Indian Reservation. Starting $370, $10 annual raise to $420. Opportunities for swimming, hunting, fishing, gold panning in beautiful, forested Northern California. Apply Administrator, Klamath-Trinity Hospital, Hoopa, Calif.

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REGISTERED NURSES: Come to the vacation land of the Pacific Northwest. Excellent year around sports. Positions available immediately in progressive JCHA accredited hospital. New wing under construction, ready for occupancy soon. Liberal personnel policies. For further information contact Director of Nursing, Deaconess Hospital, Spokane, Wash.

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REGISTERED NURSES: For general duty on all services in 230 bed general hospital, JCAH, in beautiful resort area. Liberal personnel policies. 40 hr. 5 day wk. Write Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

REGISTERED NURSES, REGISTERED NURSES: R.N.s. Now hear this! It's time to come west. Los Angeles County General Hospital offers Grad. Nurses $417-$489 per mo. & Asst. Hd. Nurses $440-$545. Registered Nurses, Registered Nurses, R.N.'s—Now hear this! It's time to come west. Los Angeles County General Hospital offers Grad. Nurses $417-$489 per mo. & Asst. Hd. Nurses $440-$545. Well they wanted emphasis on our new salaries—I guess that does it. Please

write me, Betty Hartwig, R.N. Los Angeles County Genrl. Hosp. Box 1311, 1200 N. State St., Los Angeles, 33, Calif.

REGISTERED NURSES FOR CALIFORNIA STATE HOSPITALS: A new service is available to assist you in locating the most suitable position: Contact the State Personnel Board, attention Mrs. Ann Brown, R.N., 107 South Broadway, Los Angeles 12, for work in Southern Calif., or attention Miss Avis Axelson, R.N., 515 Van Ness Ave., San Francisco 2, for work in Northern Calif. If you have no location preference as yet, write to either. Openings in hospitals throughout the State. Professional nurses without experience start at $395; with one yr. of psychiatric nursing experience, $415; 5% increase after six mos. Positions in education program open to nurses with college degree and experience in psychiatric nursing and teaching of nursing. Masters Degree in psychiatric nursing or nursing education may be substituted for certain experience; starting salary $530 a mo. Nurses registered in other states are usually eligible for California licensure without examination. For general information write State Personnel Board, 801 Capitol Ave. N. 201, Sacramento 14, Calif.

RN'S WANTED: General 170-bed hospital in "Fruit Bowl of the Nation", pop. 45,000, winter recreation area. Openings all depts. 40 hr. wk., good personnel policies, housing available. Write Nursing Service Director, St. Elizabeth Hospital, Yakima, Wash.

REGISTERED PROFESSIONAL NURSES: 900-bed research & teaching hospital with newly opened 350 bed air-conditioned pavilion provides opportunities for advancement in University Medical Center, which includes School of Nursing, Medicine, Dentistry, Pharmacy. Openings in all services. Salary $310-$345, differential $30 evening, $20 night, liberal policies include 40 hr. wk., 2 wks. vacation, 7 holidays, 2 wks. sk. lv. cumulative to 6 wks., retirement, social security, rotating shifts, educational opportunities, 50% tuition granted for advanced study to all full-time employees after 6 mos. employment. Contact Director of Nurses, Temple University Hospital, Broad & Ontario Sts., Philadelphia 40, Pa.

REGISTERED STAFF NURSES: Eighty bed hospital comprised of 42 bed general and 38 bed retired miners. Congenial medical staff. Rotating shifts, salary open, differential pay for evenings and nights. 8 pd. holidays, 14 days pd. vacation, 21 days after three yrs., Federal and State Retirement Plan, other liberal personnel policies. Beautiful nurses home with television, minimum cost for full maintenance. Beautiful town of 9,000 surrounded by mountains, desirable climate year round. Apply Director of Nurses, Miners' Hospital, Raton, New Mex.

SOUTHERN CALIFORNIA: Registered Nurses, enjoy sun, surf, & sand in beautiful Long Beach, while performing challenging assignments at the 1600-bed GM&S Veterans Administration Hospital, next door to Long Beach State College. Salary ranges from $396 per mo. for inexperienced nurses, up to $854, dependent on experience & education. Excellent promotional opportunity. Normally 40-hr. work wk., 30 days vacation, 15 days sk. lv. retirement system, uniform allowance, laundry service, equal opportunity for men & women. U. S. citizenship & current registration any state or territory required. Write Chief, Nursing Service, VA Hospital, Long Beach 4, Calif.

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STAFF NURSES: Veterans Administration Hospital, Reno, Nev. has immediate vacancies for permanent full-time nurses at starting salaries of $4760 to $6435, depending upon the education & experience of the applicant. Employment in this 166 bed General Medical & Surgical Hospital offers an excellent retirement system, 30 days vacation lv. & 15 days sk. lv. & 8 holidays per yr., regular pay increases. Applicants must be U.S. Citizens, currently registered in a State or Territory, & must not have reached their 45th birthday. Please contact the Chief, Nursing Service, Veterans Administration Center, Reno, Nev.

STAFF NURSES: 600 bed JCAH accredited hospital located on Florida's Gulf coast. Affiliating agency for professional & practical students. Starting salary $290 days, $307 evenings & nights. Positions also available for licensed Practical Nurses, starting salary $216 days, $229 evenings & nights. In-service program, annual merit increases, 8 holidays, sk. lv., & vacation benefits. Apply Director of Nursing, Mound Park Hospital, St. Petersburg 1, Fla.

STAFF NURSES: For modern, large tuberculosis hospital in suburban Cleveland. Starting salary $370 with semi-annual increments. Extra for night and relief duty, non-rotating shifts, opportunities for advancement, pd. vacation and holidays, liberal sk. lv. cummulative to 90 days. Progressive retirement plan with employer matching contributions includes disability and survivor benefits. Attractive, completely furnished 2-bedroom homes available at very low rent including utilities for two single nurses or married nurses. Write Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

STAFF NURSES: 245 bed general hospital fully accredited, 40 hr. wk., 2 wks. vacation, 6 pd. holidays, 12 days sk. lv. annually, good recreational area. Starting rate $330. Apply Director of Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF NURSES: For JCAH accredited 210 general hospital with diploma school of nursing, 35 miles from New York City. Rotating staff, salary range $335 to $375 per mo.; $50 differential for 3-11 duty, $40 differential for 11-7. Liberal personnel policies including generous sk. time and vacation allowance. Pleasant living facilities provided at $30 per mo. Call or write Director of Nursing, White Plains Hospital, White Plains, N. Y. Telephone WHite Plains 9-4500.

STAFF NURSES: 238 bed So. Calif. hospital. Salary Calif. registered nurses starts at $330. Merit increases. Apply Director of Nursing, Cottage Hosp. Santa Barbara, Calif.

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SUPERVISOR: Administrative for 3-11; 11-7 shifts in a 226 bed J.C.A.H. accredited hospital. Will have 327 beds after remodeling. Must be eligible for reg. in Calif. Degree desired plus progressive experience. L.A.-L.B. good pay area. See A.J.N. May, 1961, page 89. increases at 6 mo., 1-2-3 yrs. pd. vacation, 7 holidays, sk. lv. soc. sec., Blue Cross avail. If looking for a good position plus ideal climate, apply to Dir. of Nsg., Serv., Long Beach Community Hosp., 1720 Termino Ave., Long Beach 4, Calif.

SUPERVISOR: Out-Patient & Emergency Room Service. Challenging position in new 485 bed General Hospital located in suburbs of large Middle Atlantic City. Experience in the field of public health & M.S. degree preferred, B.S. with experience acceptable, salary based on experience. Write Box SHB, c/o RN Magazine, Oradell, N. J.

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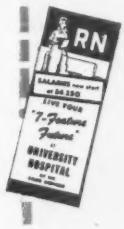

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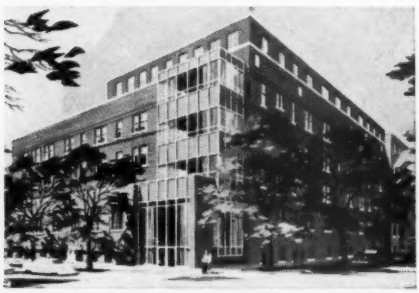

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Head Hospital Nurse	$5382 *to* $5867 yr.
Supervisor of Hospital Nurses	$5942 *to* $6566 yr.

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Public Health Nursing Division

Junior Public Health Nurse *(A trainee class)*	$4886 *to* $4968 yr.
Public Health Nurse	$4968 *to* $5356 yr.

Blue Cross, City pension and Social Security, 8 paid holidays, liberal vacation plan, plus other fringe benefits. Also opportunity for further education in local university.

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Detroit Civil Service Commission
612 City-County Building
Detroit 26, Michigan

Index of Advertisers

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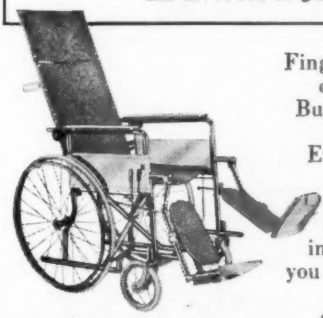
NO. 43 IN A SERIES

"What's the matter, young man—haven't you ever seen an Everest & Jennings *folding* wheel chair?"



Semi-reclining back model with elevating legrests is also available with *detachable* arms, *swing, detachable* legrests

Fingertip-folding Everest & Jennings chairs have always been scene-stealers. But now attention has shifted to the things that people *do* in them. That's because Everest & Jennings chairs have a built-in "get-up-and-go" that helps new users overcome wheelchair shyness quickly. Exclusive features for balance, maneuverability and light weight bolster self-assurance and encourage independent activity. When a wheel chair is indicated, you can suggest an Everest & Jennings chair with confidence.

There's a helpful authorized dealer near you

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six sizes
a thousand and one uses

The wide range of sizes of 'VASELINE' STERILE PETROLATUM GAUZE U.S.P. gives it a thousand and one uses in the hospital and the office treatment room. As a pressure dressing in surgery . . . an occlusive dressing in burns . . . an emollient dressing on dry and nonacute skin lesions . . . a packing in nose, eye, and ear procedures . . . here is a dressing convenient to use and of guaranteed, sealed-in sterility.

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in disposable plastic tubes • 1/2" x 72" selvage-edged packing
in heat-sealed foil envelopes • 1" x 36" strip . . . 3" x 3" pad, opening to 3" x 9" strip . . . 3" x 18" strip . . . 3" x 36" strip . . . 6" x 36" strip

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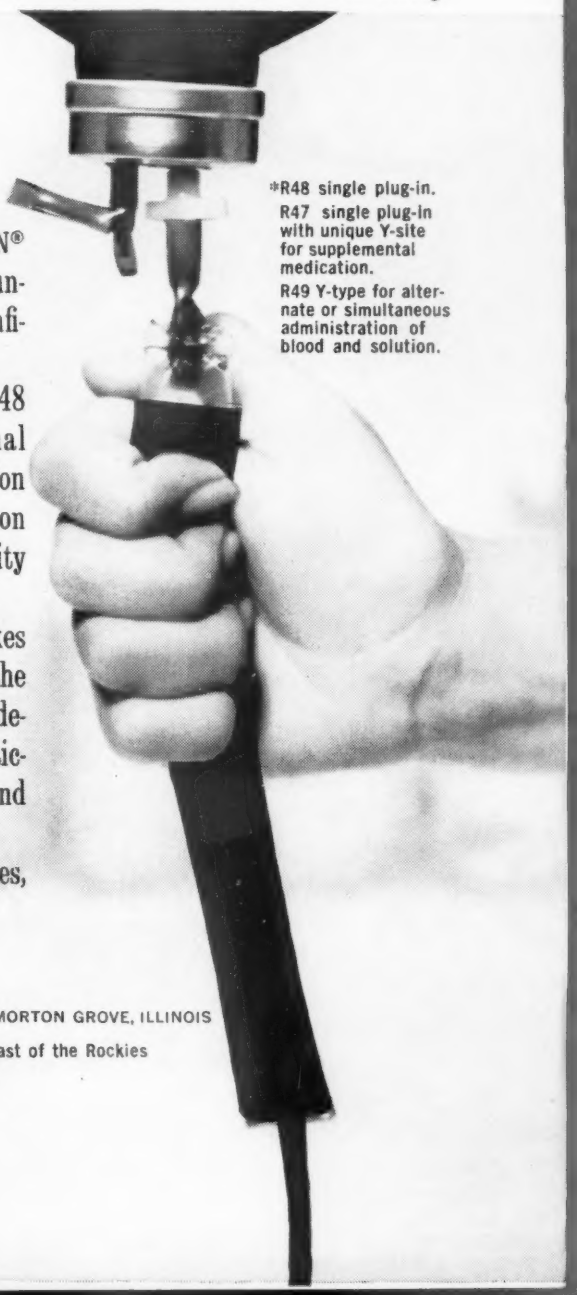
gravity/pressure ADMINISTRATION SETS...
unapproached record of safety • efficiency • reliability



*R48 single plug-in.
R47 single plug-in with unique Y-site for supplemental medication.
R49 Y-type for alternate or simultaneous administration of blood and solution.

Production of ten million PLEXITRON® pressure-pump sets establishes an unmatched measure of professional confidence in this pioneering principle.*

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Experience tested 10,000,000 times, assures you of unsurpassed safety.

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AMERICAN HOSPITAL SUPPLY CORPORATION
Scientific Products Division General Offices, Evanston, Illinois

for infants allergic to cow's milk

a modern milk substitute rich and creamy in color, pleasant and bland in taste

Sobee has the rich, creamy appearance that mothers expect of a formula. Sobee is pleasantly bland, without the "burned-bean" flavor or chalky aftertaste frequently associated with a soya formula.

Symptomatic Relief. Symptoms of cow's milk allergy—most frequently manifested by eczema, colic and gastrointestinal disturbances—may be relieved within 2 or 3 days.

Good Stool Pattern. In a study of 102 infants on Sobee, the number of stools ranged from 1 to 4 per day.[1] Soya stools are bulkier than cow's milk stools. Constipation is infrequent.

Easily Prepared. Mothers need add only water to either Sobee liquid or Sobee instant powder to prepare a formula with a nutritional balance comparable to cow's milk formulas.

1. Kane, S.: Am. Pract. & Digest Treat. *8*:65 (Jan.) 1957.

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